

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90033 003 ***550.00

DOCUMENT # P00000023314
1. Entity Name
PALM BAY LAWN, LAND AND TREE SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4955 DIXIE HWY NE
Suite, Apt. #, etc.
UNIT 704

3. Mailing Address
PO BOX 061791
Suite, Apt. #, etc.

City & State
PALM BAY, FLORIDA

City & State
PALM BAY, FL

Zip
32905 Country
USA

Zip
32906 Country
USA

4. FEI Number
59-3626308 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MICHAEL J. MINICK
Street Address (P.O. Box Number is Not Acceptable)
4955 DIXIE HWY NE
City
PALM BAY **FL** Zip Code
32905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Michael J. Minick* (NOTE: Registered Agent Signature required when re-registering) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MICHAEL J MINICK 4955 DIXIE HWY NE UNIT 704 PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OF FIELD OPS DAMIAN J MINICK 4955 DIXIE HWY NE UNIT 704 PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KAREN GREEN 4955 DIXIE HWY NE UNIT 704 PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Minick* 7/25/06
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)