

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90035 013 ***150.00

006 J70 SP

DOCUMENT # P00000028211

1. Entity Name

CARDINAL TOTAL LAWN CARE, INC.

Principal Place of Business

**8519 ROSE GROVES RD
 ORLANDO FL 32818**

Mailing Address

**P.O. BOX 519
 CLARCONA FL 32710**

507088



2. Principal Place of Business

3. Mailing Address

P.O. Box 516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clarcona FL

4. FEI Number

59-3626147

Applied For

Not Applicable

Zip

Country

Zip

Country

32710-0516 Orange

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERSON, JR., HERBERT C
 8519 ROSE GROVES RD
 ORLANDO FL 32818**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ROBERSON, JR., HERBERT C**
 STREET ADDRESS **8519 ROSE GROVES RD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herbert C. Roberson Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2002 *407-523-8411*
 Date Daytime Phone #

CR2E034 (9/01)