

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90032 018 ***150.00

DOCUMENT # **P000000 28484**

1. Entity Name

LAWN SENSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3431 Pine Ridge Road

Suite, Apt. #, etc.

101

3. Mailing Address

3431 Pine Ridge Road

Suite, Apt. #, etc.

101

DO NOT WRITE IN THIS SPACE

City & State

NAPIES, FL 34109

City & State

NAPIES, FL

4. FEI Number

59-3638389

Applied For

Not Applicable

Zip

34109

Country

COllier

Zip

34109

Country

COllier

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **John P. White**

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

3431 Pine Ridge Road #044 Suite 101
City **NAPIES** FL Zip Code **34109**

**DO NOT WRITE
IN THIS SPACE**

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

4-30-02

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

P
Carlisle, Gregory M.
878 Grove Drive
Naples, FL 34120

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (941) 566-0013

Date

Daytime Phone #

CR2E034B (12/01)