

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90111 035 ***150.00

0607366

DOCUMENT # P00000038610

1. Entity Name
ANDERSON QUALITY LAWN CARE, INC.

Principal Place of Business

7643 FAWN LAKE DRIVE
 JACKSONVILLE FL 32256

Mailing Address

7643 FAWN LAKE DRIVE
 JACKSONVILLE FL 32256

2. Principal Place of Business

7643 Fawn Lake Dr. N

3. Mailing Address

7643 Fawn Lake Dr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3641146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JOEL S SR
7643 FAWN LAKE DRIVE
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

7643 Fawn Lake Dr. N.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **D** Delete
 NAME **ANDERSON, JOEL S JR**
 STREET ADDRESS **7643 FAWN LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** Delete
 NAME **ANDERSON, MARK L**
 STREET ADDRESS **3793 KARISSA ANN PLACE W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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TITLE Change Addition
 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)(j), 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: *Joel S. Anderson Sr.*

Joel S. Anderson Sr.

4/4/01

Date

904-759-4179

Daytime Phone #

CR2E034 (10/00)