

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 044 ***150.00

DOCUMENT # P00000038921

1. Entity Name

SOUTHERN LAWN SERVICES OF MANASOTA, INC.



DO NOT WRITE IN THIS SPACE

90129756

2. Principal Place of Business
8466 N. Lockwood Ridge Road

3. Mailing Address
7648 Lockwood Ridge Road

Suite, Apt. #, etc.
Suite 327

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-1003973

Applied For
Not Applicable

Zip
34243

Country

Zip
34243

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Howard R. Womeldorph, Jr.

Street Address (P.O. Box Number is Not Acceptable)
7648 Lockwood Ridge Road

City
Sarasota FL 34243

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
Doranth, Michelle
STREET ADDRESS
8466 N. Lockwood Ridge Road, Suite 327
CITY-ST-ZIP
Sarasota, FL 34243

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Michelle Doranth* Michelle Doranth 4-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)