

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 014 ***150.00

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FP

DOCUMENT # P00000044819

1. Entity Name
A NEW LOOK LAWN CARE, INC.



Principal Place of Business: 2820-CARIBBEAN BLVD 2728 Woodsmill Dr., STE # 415 MELBOURNE FL 32935 32934
Mailing Address: 2820-CARIBBEAN BLVD 2728 Woodsmill Dr., STE # 415 MELBOURNE FL 32935 32934



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3642715 Applied For Not Applicable

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

FISHE, TIMOTHY P
2820-CARIBBEAN ISLE BLVD
STE # 415
MELBOURNE-FL 32935

change to
2728 Woodsmill Dr.
Melbourne Fl.
32934

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
NAME FISHE, TIMOTHY P
STREET ADDRESS 2820-CARIBBEAN ISLE BLVD, #415 2728 Woodsmill Dr.
CITY-ST-ZIP MELBOURNE FL 32935 32934

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME FISHE, LISE
STREET ADDRESS 2820-CARIBBEAN ISLE BLVD, #415 2728 Woodsmill Dr.
CITY-ST-ZIP MELBOURNE FL 32935 32934

TITLE D/S/I/T Change Addition
NAME Fish e, Lise
STREET ADDRESS 2820 Caribbean Isle Blvd # 415
CITY-ST-ZIP melbourne, FL 32935-329

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 2728 Woodsmill Dr.
STREET ADDRESS - Melbourne, FL 32934
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy P. Fish e, President 3/12/03 259-8594 (321)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)