

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

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90054 009 \*\*\*150.00

0097943 AV

**DOCUMENT # P00000049310**

**1. Entity Name**  
**MICK'S LAWN SERVICE, INC.**



**Principal Place of Business**  
**3511 W. SAN PEDRO STREET**  
**TAMPA FL 33629-2822**

**Mailing Address**  
**3511 W. SAN PEDRO STREET**  
**TAMPA FL 33629-2822**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3647828**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILTFANG, KIMBERLY**  
**3511 W. SAN PEDRO STREET**  
**TAMPA FL 33629-2822**

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**

*Kimberly Wiltfang (PTD)*

*Aug 2, 2003*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ Delete  
**NAME** **WILTFANG, KIMBERLY**  
**STREET ADDRESS** **3511 W. SAN PEDRO STREET**  
**CITY-ST-ZIP** **TAMPA FL 33629-2822**

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

**TITLE** **VSD** ☐ Delete  
**NAME** **WILTFANG, MICKEY**  
**STREET ADDRESS** **3511 W. SAN PEDRO STREET**  
**CITY-ST-ZIP** **TAMPA FL 33629-2822**

**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**

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

**SIGNATURE:**

*SIGNATURE REQUIRED*

*Aug 2, 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (4/03)

Attachment

80136297

#P00000049310

To whom it may concern,

I did not receive this report until July. There was nothing sent to me before this, so therefore I did not raise this was do. Please accept my Fee of 150.<sup>00</sup>.

Sincerely,  
Kimberly Wray