APR-30-01 03:41 PM ACCOUNTING ALTERNATIVES

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90027 022 ***150.00

2001 UNIFORM BU NESS REPORT (UBR)

DOCUMENT # P00000052806

1. Entity Name
LAWN ENFORCEMENT Property Management, Inc.

Principal Place of Business: P.O. BOX 2075
Mailing Address:

D00059429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: P.O. Box 2075
Suite, Apt. #, etc.:
City & State: Deland, Fl
Zip: 32721
Country: U.S.A

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 59-3658143 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Michael Troiano
4802 SW 85th Ave
Gainesville, FL 32608

7. Name and Address of New Registered Agent
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.

SIGNATURE: Michael Troiano 4-30-01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	PRESIDENT CASEY WATSON P.O. BOX 2075 Deland, Fl	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Michael TROIANO P.O. BOX 141091 Gainesville, Fl 32614	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Registered Agent Michael Troiano 4802 SW 85 Ave P.O. Box 141091 Fl 32614 Gainesville	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (1/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Troiano 4/30/01
(TYPED OR PRINTED NAME OF PERSON SIGNING) (TITLE) (DATE)