

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90167 012 ***150.00

DOCUMENT # P00000056337

1. Entity Name
AQUA SPRINKLER AND LAWCARE, INC.

Principal Place of Business Mailing Address
2465 ISLANDER CT 2465 ISLANDER CT
PALM HARBOR FL 34683 PALM HARBOR FL 34683



2. Principal Place of Business 3. Mailing Address
2465 ISlander ct 2465 ISlander ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Palm Harbor Palm Harbor 59-3652007 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
fl 34683 Pinellas fl 34683 Pinellas Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPICER, LORETTA Name
2465 ISLANDER CT Street Address (P.O. Box Number is Not Acceptable)
PALM HARBOR FL 34683 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 *Loretta Spicer* *James B Spicer* DATE **4/9/02**
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPICER, JAMES B 2465 ISLANDER COURT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPICER, LORETTA 2465 ISLANDER COURT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Loretta Spicer* **SIGNATURE REQUIRED** **4/9/02** **727-789-2889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)