

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90179 003 ***150.00

DOCUMENT # P00000059509

1. Entity Name
IN BLOOM LAWN MAINTENANCE, INC.

Principal Place of Business

**850 S TAMiami TRAIL
 #227
 SARASOTA FL 34236**

Mailing Address

**850 S TAMiami TRAIL
 #227
 SARASOTA FL 34236**

2. Principal Place of Business

3663 EGERTON CIRCLE

3. Mailing Address

P.O. Box 48723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-1018109

Applied For
 Not Applicable

Zip
34233

Country
USA

Zip
34230

Country
USA

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

**TRAUGHBER, BRIAN
 850 S TAMiami TRAIL
 #227
 SARASOTA FL 34236**

Name
TRAUGHBER, BRIAN

Street Address (P.O. Box Number is Not Acceptable)

3663 EGERTON CIRCLE

City
SARASOTA

FL

Zip Code
34233

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 **B. Traughber BRIAN TRAUGHBER**

1/16/02

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)

**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 **P** ☐ Delete
 NAME **TRAUGHBER, BRIAN**
 STREET ADDRESS **850 S TAMiami TRAIL #227**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **P** ☒ Change ☐ Addition
 NAME **TRAUGHBER, BRIAN**
 STREET ADDRESS **3663 EGERTON CIRCLE**
 CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VP** ☒ Delete
 NAME **CLOW, JOHN**
 STREET ADDRESS **850 S TAMiami TRAIL #227**
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **B. Traughber BRIAN TRAUGHBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (941) 922-1590

Date

Daytime Phone #

CR2E034 (9/01)