FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

ONITONIA BOSINESS REPORT (OBR)					
DOCUMENT # POOOOOO 61476 1. Entity Name CAUSET LAWN SORVICE, FAC.				FILED	
CAUSET LAWN SERVICE, INC.			۲.	02 OCT 25 AM 9: 14	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDE	
2. Principal Place of Business 270 CMELIA ST 270 Suite, Apt. #, etc. 3. Mailing Address 270 Suite, Apt. #, etc.		AMELIA ST		200 DO NOT WRITE IN THIS SPACE	
City & State Anartic Beach, FC City & State Anartic		BEACH, FI	4.	FEI Number 54-2654794	Applied For Not Applicable
Zip 32233 Country VSA	Zip 32233	Country'S4	5.		3.75 Additional e Required
				7. Name and Address of Current Registered Agent	
*DOMOT W	//DITE:	Name .	J	JUDITH L. CAUSET	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE					
		City	Ana	-Ti'c BEACH FL	Zip Code 32233
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corpo ation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AN	D DIRECTORS				
TITLE DIPISIT		TITLE			5
STREET ADDRESS JUDITY L. CA	SEY	NAME STREET ADDRESS			[12]
CITY-ST-ZIP 276 CAMELI	4 ST. (2 3223	1 CITY-ST-ZIP			R2E034B (12/01)
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NAME		NAME	1.		1.75
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NAME STREET ADDRESS		NAME	4	IN THIS SPACE	5
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NAME		TITLE NAME			ļ
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee and	th this filing does not qualify for this true and accurate and that my	the exemption state y signature shall hav	d in Section 1 /e the same i	19.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath; that I am a	that the information 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/82

Daytime Phone #

gh.



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 23, 2002

Division of Corporations Post Office Box 6327 Tallahassee, FL 32302

Re: Causey Lawn Service, Inc. - 2002 Uniform Business Report

Doc. #: P00000061476

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the above referenced period. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Company of the Compan

Sincerely,

James K. Reese, EA

Enclosures:

Check for \$150.00

2002 Uniform Business Report

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