

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90105 031 ***150.00

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1. Entity Name

ALL LAWN CARE SERVICES, INC.



Principal Place of Business

1161 TOLKIEN LANE
JACKSONVILLE FL 32225

Mailing Address

1161 TOLKIEN LANE
JACKSONVILLE FL 32225

2. Principal Place of Business

13263 PATE Rd. W.

Suite, Apt. #, etc.

3. Mailing Address

13263 PATE Rd. W.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, FL

Zip

32226

Country

USA

City & State

JACKSONVILLE, FL

Zip

32226

Country

USA

4. FEI Number

59-3660289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYRA LOUGHRAN, P.A.
333 FIRST STREET N., SUITE 305
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name **ROBERT D. BERGIN**

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

13263 PATE Rd W.

City JACKSONVILLE

FL

Zip Code 32226

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 Robert D. Bergin Robert D. Bergin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME NIBERT, ROBERT D
STREET ADDRESS 1161 TOLKIEN LANE
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE VS
NAME BERGIN, ROBERT D
STREET ADDRESS 1161 TOLKIEN LANE
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
NAME NIBERT, ROBERT D.
STREET ADDRESS 1299 RUSHING DR.
CITY-ST-ZIP ORANGE PARK FL 32065

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

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

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

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

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

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: Robert D. Nibere Robert D. Nibere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

904-545-5333

Daytime Phone #

CR2E034 (10/02)