

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90051 005 \*\*\*150.00

0439825 AV

**DOCUMENT # P00000063347**

1. Entity Name

**LAWN FITNESS LANDSCAPING, INC.**

Principal Place of Business

**1920 VANDERVORT ROAD  
 LUTZ FL 33549**

Mailing Address

**1920 VANDERVORT ROAD  
 LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**24809 Hyde Park Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**24809 Hyde Park Blvd.**

Suite, Apt. #, etc.

City & State

**LAND O LAKES FL.**

City & State

**Land O Lakes FL.**

4. FEI Number

**59-3651577**

Applied For

Not Applicable

Zip

**34639**

Country

**USA**

Zip

**34639**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SORGENFREI, EDWARD**

**1920 VANDERVORT ROAD  
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

**SORGENFREI, EDWARD.**

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

**24809 Hyde Park Blvd.**

City

**LAND O LAKES**

FL

Zip Code

**34639**

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 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SORGENFREI, EDWARD</b>	
STREET ADDRESS	<b>1920 VANDERVORT ROAD</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORISSETTE, DAVID</b>	
STREET ADDRESS	<b>4836 DUNEY</b>	
CITY-ST-ZIP	<b>TAMPA FL 34652</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORGENFREI, EDWARD.</b>	
STREET ADDRESS	<b>24809 Hyde Park Blvd.</b>	
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)