

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90120 033 \*\*\*150.00

**DOCUMENT # P00000066016**

1. Entity Name  
**JOE'S LAWN SERVICE, INC.**

Principal Place of Business

**11446 NW 41ST STREET  
CORAL SPRINGS FL 33065**

Mailing Address

**11446 NW 41ST STREET  
CORAL SPRINGS FL 33065**

2. Principal Place of Business

**1800 SHADOW OAKS RD.**

3. Mailing Address

**1800 SHADOW OAKS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**KISSIMMEE FL**

City & State

**KISSIMMEE FL**

4. FEI Number **65-1032569**

Applied For

Not Applicable

Zip

Country

**34744 OSCEOLA**

Zip

Country

**34744 OSCEOLA**

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

**SUAREZ, ENRIQUE**

**11446 NW 41ST STREET**

**CORAL SPRINGS FL 33065**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **SUAREZ, ENRIQUE**  
STREET ADDRESS **11446 NW 41ST STREET**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/10/02 407-870-2096**

CR2E034 (4/02)

**JOE'S LAWN SERVICE**

1800 Shadow Oaks Rd.  
Kissimmee FL 34744

Phone 407 870-2096  
Fax 407 870-8606

*# P00000066016*

September 10/200

Division of Corporations  
Uniform Business Report Filings  
Tallahassee, FL 32302

Gentlemen:

We did not receive the first UBR form. We spoke to an officer at 850 488-9000, and she instructed to send this letter with the \$150.00 payment.



Enrique Suarez

*Please notice our change of  
address since August 12/02.*