## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P00000071532 DOCUMENT #

1. Entity Name

FLEMISTERS LAWN SERVICE, INC.

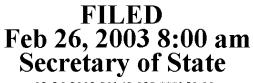
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	acinal Place of Du	1	

1704 W CHERRY ST **TAMPA FL 33607** 

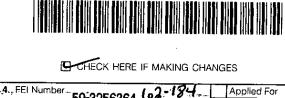
Mailing Address

2403 W. CYPRESS STREET TAMPA FL 33609

	<u> </u>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



02-26-2003 90149 028 \*\*\*150.00



		1		FO-99E	6364 GA Applicable	
	<del></del>			39 323	8678 Not Applicable	
Zip 	Country	Zip	Country	5. Certificate of Status De	esired S8.75 Additional Fee Required	
6.	Name and Address of Cur	rent Registered Agent		7. Name and Address of	New Registered Agent	
ELEMISTED 07	E		Name	,		
FLEMISTER, OZIE 2403 W. CYPRESS STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 3360	9 🕠 🧯					
al -	<u>\$</u>		City		FL Zip Code	
The above named the obligations of IGNATURE	d entity submits this stateme registered agent.	ent for the purpose of chan	ging its registered office or regis	stered agent, or both, in the Stat	le of Florida. I am familiar with, and accept	
	e, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signature requ	uired when reinstating)	DATE	
	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550			9. Election Campa	aign Financing \$5.00 May Be	

FILE NOW!!! FEE IS \$150.00	<del></del>
After May 1, 2003 Fee will be \$550.00	
Make Check Payable to Florida Department of State	

9.	Election Campaign Financing
	Trust Fund Contribution.

Added to Fees

10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC FLEMISTER, OZIE 2403 W. CYPRESS STREET TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM FLEMISTER, CHANTY 2403 W CYPRESS STREET TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	S FLEMISTER, MELISSA 2403 W CYPRESS STREET TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS	_	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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:

MEWUINE: R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR