

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 010 ***150.00

DOCUMENT # P00000073826

1. Entity Name
MAGNOLIA LAWN EQUIPMENT, INC.



Principal Place of Business
**780 BAY DRIVE
NEW SMYRNA FL 32168**

Mailing Address
**780 BAY DRIVE
NEW SMYRNA FL 32168**



2. Principal Place of Business

708 N. DIXIE FRWY

3. Mailing Address

708 N. DIXIE FRWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NEW SMYRNA BCH FL

City & State

NEW SMYRNA BCH FL

4. FEI Number **59-3660142**

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DYETT, LORNE
780 BAY DRIVE
NEW SMYRNA FL 32168**

7. Name and Address of New Registered Agent

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 *Carole A Dyett*
Signature, typed or printed name of registered agent and title if applicable.

CAROLE A. DYETT

7/5/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **DYETT, LORNE**
STREET ADDRESS **780 BAY DRIVE**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

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

TITLE **SD** ☐ Delete
NAME **DYETT, CAROLE**
STREET ADDRESS **780 BAY DRIVE**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Carole A Dyett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/03 386-427-7042
Date Daytime Phone #

CR2E034 (4/03)