

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91436 043 ***150.00

DOCUMENT #

1. Entity Name

Central Florida Lawn, Inc.
P00000076578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6501 Hwy 60 E, Bartow
Suite, Apt. #, etc.

3. Mailing Address

6096 Barnes Rd, Bartow
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bartow, Florida

City & State

Bartow, Florida

4. FEI Number

59-3726635

Applied For

Not Applicable

Zip

33830

Country

Polk

Zip

33830

Country

Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jamie Hurst

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

19 Hurst Rd

City

Winter Haven

FL

Zip Code

33880

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

Jamie Hurst

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>
NAME	<i>Jamie Hurst</i>
STREET ADDRESS	<i>19 Hurst Rd</i>
CITY-ST-ZIP	<i>Winter Haven Florida 33880</i>
TITLE	<i>Vice President</i>
NAME	<i>Lee Hurst</i>
STREET ADDRESS	<i>19 Hurst Rd</i>
CITY-ST-ZIP	<i>Winter Haven, FL 33880</i>
TITLE	<i>T/S/D</i>
NAME	<i>Debra Harrison</i>
STREET ADDRESS	<i>6096 Barnes Rd</i>
CITY-ST-ZIP	<i>Bartow FL 33830</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 *863 287 4508*
Date Daytime Phone #

CR2E034B (12/02)