

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 026 ***150.00

DOCUMENT #
1. Entity Name **P00000080360**
PRECISION LAWN CARE OF VOLUSIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
117 AVALON DRIVE
Suite, Apt. #, etc.

3. Mailing Address
117 AVALON DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL

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ORMOND BEACH, FL

Zip **32176** Country **USA**

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4. FEI Number **59-3725325** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **LOGUIDICE, JOSEPH A.**

Street Address (P.O. Box Number is Not Acceptable)
661 BEVILLE RD. #210

City **S. DAYTONA** **FL** Zip Code **32119**

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 _____ DATE _____
Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when contacting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1st Fee is \$150.00
April 1st Fee is \$550.00
Amended UBRs \$61.25
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 NAME STREET ADDRESS CITY- ST- ZIP	D STONER, BRETT 117 AVALON DR. ORMOND BEACH FL 32176
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/25/02