

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90095 037 \*\*\*150.00

**DOCUMENT # P00000095143**



**1. Entity Name**  
**PRATHER'S LAWN MAINTENANCE, INC.**

**Principal Place of Business**  
**6555 MITCHELWOOD CT.**  
**ST. CLOUD FL 34771-8601**

**Mailing Address**  
**6555 MITCHELWOOD CT.**  
**ST. CLOUD FL 34771-8601**

22004214



**2. Principal Place of Business**

4798 Robin Drive

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 701072

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**St Cloud FL**

**City & State**  
**St Cloud FL**

**4. FEI Number** 59-3725315

Applied For  
Not Applicable

**Zip** 34772  
**Country** USA

**Zip** 34772  
**Country** USA

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

**6. Name and Address of Current Registered Agent**

**PRATHER, ROBERT P**  
**6555 MITCHELWOOD CT.**  
**ST. CLOUD FL 34771-8601**

**7. Name and Address of New Registered Agent**

**Name**

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

4798 Robin Drive

**City**

St Cloud

**FL**

**Zip Code**

34772

**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** Robert P Prather

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

1-21-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**TITLE** D ☐ Delete  
**NAME** PRATHER, ROBERT P  
**STREET ADDRESS** 6555 MITCHELWOOD CT.  
**CITY-ST-ZIP** ST. CLOUD FL 34771-8601

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☒ Change ☐ Addition  
**NAME** Robert P. Prather  
**STREET ADDRESS** 4798 Robin Dr.  
**CITY-ST-ZIP** St Cloud FL 34772

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

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**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:** Robert P Prather **DATE** 1-21-03 **DAYTIME PHONE #** 407 709 1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)