

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 010 ***150.00

DOCUMENT # 7000000 98346
Entity Name

Dennis A. LEHRER LANDSCAPING & Maintenance, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9627 N.W. 27th Street
Suite, Apt. #, etc.

3. Mailing Address 9627 N.W. 27th Street
Suite, Apt. #, etc.

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City & State Coral Springs, FL
Zip 33065 Country U.S.A

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Zip 33065 Country U.S.A

4. FEI Number 05-1048318
Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Joseph L. Noft, P.A.
Street Address (P.O. Box Number is Not Acceptable) 3384 North State Road 7
City Lauderdale Lakes FL Zip Code 33319

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 [Signature] DATE 5/24/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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: [Signature] DATE 5/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR