

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

DOCUMENT # 000000100178

1. Entity Name

D & S LAWN & GARDEN, INC.

FILED

02 AUG -5 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007662585--9

-09/11/02--01044--016

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

1709 NE 17 AVENUE

3. Mailing Address

1709 NE 17 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

04-3653609

Applied For

Not Applicable

Zip

33305

Country

U.S.A.

Zip

33305

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

ROBERT P. BISSENETTE, ESQ

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

1709 NE 17 AVENUE

FT. LAUDERDALE

FL

Zip Code
33305

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGE C. DUFF
1709 NE 17 AVENUE
FT. LAUDERDALE, FL 33305

TITLE
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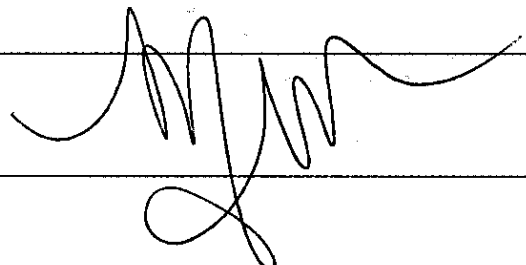
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

GEORGE C. DUFF 06/06/02 954-566-1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)