2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105748

1. Entity Name
DAVE'S LAWN & LANDSCAPE DESIGN, INC.

Principal Place of Business
3930 NW 73RD AVE
LAUDERHILL FL 33319

Mailing Address
PO BOX 451485
SUNRISE FL 33345

Same As Above

Same As Above

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1044899

Applied For

Not Applicable

Zip | Country

Zip | Country

5. Certificate of Status Desired ☐

$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent   Same As Above **7. Name and Address of New Registered Agent**

LOWE, DAVID

3930 NW 73RD AVE

LAUDERHILL FL 33319

Name

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

City   FL   Zip Code

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 _____

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

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	O	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LOWE, DAVID		NAME			
STREET ADDRESS	3930 NW 73RD AVE		STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

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: SIGNATURE REQUIRED   4/23/03   1-754-246-7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #