

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90377 037 ***150.00

DOCUMENT # PO10000010031 ✓
1. Entity Name Sunscape Lawn Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2443 Ainsworth Avenue</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Deltona Florida</u>		City & State	
Zip <u>32738</u>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3708662</u>	Applied For <input type="checkbox"/> Not Applicable
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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 <u>Michael A. Oliver Jr.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2443 Ainsworth Ave.</u>	
City <u>Deltona</u>	Zip Code <u>FL 32738</u>

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] Michael A. Oliver Jr. 4-5-02
Signature, typed or printed name of registered agent and title if applicable. (NO IL: 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	<u>President</u> <u>Michael A. Oliver Jr.</u> <u>2443 Ainsworth Ave.</u> <u>Deltona, FL 32738</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Melissa Oliver</u> <u>2443 Ainsworth Ave.</u> <u>Deltona, FL 32738</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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] Michael A. Oliver Jr. 4-5-02 386-532-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)