

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

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-19-2003 90227 026 ***150.00

DOCUMENT # <u>P01000010031</u>	
1. Entity Name <u>Sunscape lawn management, Inc.</u>	

DO NOT WRITE IN THIS SPACE

55047557

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

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3708662</u>		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
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>	State <u>FL</u>	Zip Code <u>32738</u>

**DO NOT WRITE
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. 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 removing.)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 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		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	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 Book 16 on page

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A Oliver, Jr June 6, 2003 (386) 804-5300

CR2E034B (12/02)