

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90076 048 ***150.00

0029564 AV

DOCUMENT # P01000010124

1. Entity Name
TIME SAVER LAWN CARE, INC.

Principal Place of Business
14685 MANDARIN RD
JACKSONVILLE FL 32223

Mailing Address
14685 MANDARIN RD
JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-369296/

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

7. Name and Address of New Registered Agent

WILLIAMS, GRADY H JR LLM
1279 KINGSLEY AVE, STE 117
ORANGE PARK FL 32073

Name

OSCAR R Webb III

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

14685 MANDARIN RD

Jacksonville, FL 32223

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.

SIGNATURE Webb, Oscar R P/D Oscar R Webb III 12 Feb 02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WEBB, OSCAR R III**
 STREET ADDRESS **14685 MANDARIN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☒ Addition
 NAME **Ryan A. Gordon**
 STREET ADDRESS **4083 Sunbeam Road #107**
 CITY-ST-ZIP **Jacksonville FL 32257 V/D**

TITLE **D** ☒ Delete
 NAME **DAY, MICHAEL S III**
 STREET ADDRESS **14685 MANDARIN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oscar R Webb III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Feb 02
 Date

904-237-7283
 Daytime Phone #

CR2E034 (9/01)