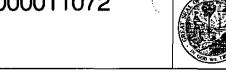
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000011072 DOCUMENT

1. Entity Name

G T LAWN SERVICE, INC.





FILED May 30, 2003 8:00 am § Secretary of State

05-30-2003 90091 003 ***150.00

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Principal Place of Business 266 CELERY CIRCLE OVIEDO FL 32765			Mailing Address 266 CELERY CIRCLE OVIEDO FL 32765						111111111111111111111111111111111111111				
2. Principal F	Place of Busin	ness	Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				-] CHECK	HERE II	F MAKING	CHANGES	5
City & Stat	e		City & State				4. i	4. FEI Number 59-3696124 Applied For Not Applicable					
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Addition Fee Required					lditional	
	6 Name	and Address of Curren	t Register	ed Agent	1	<u> </u>		Name and A	ddroes of	Now Be		<u></u>	
	<u> </u>	and Address of Odjich	riegister	CO Agent		Name	 '' '	ADITIC BIIG A	duices vi	11011110	gistered	-igent	
CONKLIN, GLENN A 266 CELERY CIRCLE							ss (P.O. B	(P.O. Box Number is Not Acceptable)					
											*		
OVIEDO F	L 32765												
						City					FL	Zip Coo	de
	ions of regist	y submits this statement ered agent.	for the purp	oose of changing its آلو آرو معرفي سيورو	register	ed office or regis	stered ag	ent, or both	, in the Sta	te of Flori	ida. Lam i	amiliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and tille if ap	plicable. (NOT	E: Registere	ed Agent signature requ	uired when re	instating)			DATE		
Afte	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department							tion Camp t Fund Cor			\$5.0 Adde	00 May Be d to Fees
	- ayasıc to	· · · · · · · · · · · · · · · · · · ·						DI-10:10:10			3==35	51050705	
10.		OFFICERS ANI	DIRECTO		11.		AD	DITIONS/C	HANGES	IO OFFIC	JERS AND		
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I nereby certify that the information supplied with this filling 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: