2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000011935 **DOCUMENT#**

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State

BIGGAR LAWN SERVICE, INC.								01-	15-2003 90)250 017 *	**15	0.00	
Principal Place of Business 499 NW 101ST AVENUE CORAL SPRINGS FL 33071 Mailing Address 499 NW 101ST AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 3307						O WE !							
2. Principa	al Place of Business	3. Ma	iling Address		<u></u>		-						
Suite, Apt. #, etc.										.= ==!#! ((==) !	1010 121	48 MIN NIM 1891	
	<u></u>	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & S	tate	City	City & State				4. FEI Number 65-1072410				Applied For		
Zip	Country	Zip		Countr	у			ertificate of Status		<u> \$8</u>		Not Applicab dditional	
	6. Name and Address of Current	Registere	ed Agent	<u> </u>						Fee	Requir	red	
						- Ω ÷	/. N	ame and Addres	=	istered Agen	t		
BIGGAR, STEVE JR. 1151 NE 26TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)								
POMPANO BEACH FL 33062						1) 6691001	.0. 00	TON STREET					
	O DE TOTAL COURSE			L		199	NV	U 1015+	AUE	NUE		-	
8. The above	/a named antity pulposite this and		<u> </u>		City C	ONAL		SPRINGS		1 7	Zip 숙	さつフト	
the obliga	re named entity submits this statement for ations of registered agent.	or the purpo	ose of changing its	registered	office c	or registere	d age	nt, or both, in the S	State of Florida	a. I am familia	ar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	nd title if appli	b. Ste	eve B	igge	ture required w	then seem	lesident		3/0	<u>3</u> _		
]	FILE NOW!!! FEE IS \$150.00						THOS TERM		<u>'</u>	DATE	—–		
Make Chec	er May 1, 2003 Fee will be \$550,00 ok Payable to Florida Department of							9. Election Car Trust Fund C		ing 🔲	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTOR	\	11.		10	ADD	ITIONS/CHANGE	S TO OFFICE	RS AND DIRE	CTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BIGGAR, STEVE JR. P.O. BOX 51510 LIGHTHOUSE POINT FL 33074	`	Delete	NAME STREET A		499 A	JW	1, STEUE 10161 AVEN	ve."	X 0	hange	Addition	
TITLE			Delete	CITY-ST-	-ZIP	CONA	L S	MINGE, F	(,330)				
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CITY-ST-ZIP				STREET A									
~TITLE-			Delete	TITLE	211								
NAME STREET ADDRESS				NAME							ange	[Addition.	
CITY-ST-ZIP				STREET AL									
TITLE	,		☐ Delete	TITLE				·					
NAME Street address				NAME	1					□ Cha	ange	☐ Addition	
CITY-ST-ZIP				STREET AD									
TITLE			☐ Delete	TITLE								[A 4 4 7 7	
NAME STREET ADDRESS				NAME	- 1						mye	Addition	
CITY-ST-ZIP				STREET ADI									
TITLE			☐ Delete	TITLE	_+	 _				П сь-		T Address	
NAME STREET ADDRESS				NAME STREET ADD						☐ Cha	nge	☐ Addition	
CITY-ST-ZIP				STREET ADD	IP								
12. I hereby co	ertify that the information supplied with the on this report or supplemental report is tr	is filing doo	es not qualify for the	e exemptio	on state	d in Section	n 119.	07(3)(i), Florida SI	atutes. I furthe	er certify that	the inf	ormation	

12. 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

SIGNATURE:

(954) 344-0944