Mar 19 03 01:18p szelena gray

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90177 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016420

1. Entity Name
Mike's Saint Ground Maintenance, Inc.

100050535

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
375 Brewster Dr. Suite, Apt. #, etc.	375 Brewster Dr. Suite, Apt. #, etc.	
City & State: Indialantic, FL	City & State: Indialantic, FL	4. FEI Number: 59-3698702
Zip: 32903 Country:	Zip: 32903 Country:	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: Michael Larocque
Street Address (P.O. Box Number is Not Acceptable): 375 Brewster Dr.
City: Indialantic FL Zip Code: 32903

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: Michael Larocque 3/21/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	Larocque, Michael (D) 375 Brewster Dr. Indialantic, FL 32903	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	St John, Steven (D) 5211 Wild Cinnamon Dr. West Melbourne, FL 32940	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034S (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael 3/21/03 (321) 544-0263