

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000025277

FILED
Mar 28, 2002 8:00 AM
Secretary of State

Entity Name: TURFECTION LAWN CARE, INC.

Current Principal Place of Business:

9 ZAMORA ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

3940 PALM ST
ST AUGUSTINE, FL 32084

Current Mailing Address:

9 ZAMORA ST
ST AUGUSTINE, FL 32084

New Mailing Address:

3940 PALM ST
ST AUGUSTINE, FL 32084

FEI Number: 59-3705014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKIN, DEBORAH S
9 ZAMORA ST
ST AUGUSTINE, FL 32084

Name and Address of New Registered Agent:

AKIN, DEBORAH S
3940 PALM ST
ST AUGUSTINE, FL 32084

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:

03/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: AKIN, DEBORAH S
Address: 9 ZAMORA ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: AKIN, DEBORAH S
Address: 3940 PALM ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PSD () Change (X) Addition
Name: AKIN, WILLIAM D
Address: 3940 PALM ST
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D AKIN

PSD

03/28/2002

Electronic Signature of Signing Officer or Director

Date