


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90336 027 ***150.00

DOCUMENT # **P01000025294**

1. Entity Name
Turfection Lawn Care, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3940 Palm St
Suite, Apt. #, etc.

3. Mailing Address
3940 Palm St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Augustine FL

City & State
St Augustine FL

4. FEI Number
593705014

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
32084

Country
USA

Zip
32084

Country
USA

Applied For
☐ Not Applicable

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Deborah S. Akin

Street Address (P.O. Box Number is Not Acceptable)
3940 Palm Street

City
St Augustine FL

Zip Code
32084

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 **Deborah Akin** **April 10, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | President William D. Akin, Jr. 3940 Palm St. St. Augustine, FL 32084 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-P Deborah S. Akin 3940 Palm Street St. Augustine, FL 32084 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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: **Deborah S. Akin** **Deborah S. Akin 4/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **904.273.0266**

CR2E034B (12/02)