

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 002 ***150.00

DOCUMENT # P010Q0027540

1. Entity Name

SJS LAWN SPECIALIST, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

62 Indian Trace

3. Mailing Address

62 Indian Trace

Suite, Apt. #, etc.

#122

Suite, Apt. #, etc.

#122

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

U.S.

Zip

33326

Country

U.S.

4. FEI Number

65-1084207

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nencheck, Steven L.

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

62 Indian Trace #122

City

Weston

FL

Zip Code 33326

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
DPS Nencheck, Steven L. 62 Indian Trace, #122 Weston, FL 33326			

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE: *Steven L. Nencheck* owner

STEVEN L. NENCHECK

CELL Phone
4-24-02 954-651-0626