

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

DOCUMENT # P010Q0027540

1. Entity Name

SJS LAWN SPECIALIST, INC.

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 2. Principal Place of Business<br>62 Indian Trace<br>Suite, Apt. #, etc.<br>#122 | 3. Mailing Address<br>62 Indian Trace<br>Suite, Apt. #, etc.<br>#122 |
| City & State<br>Weston, FL<br>Zip 33326  | City & State<br>Weston, FL   |
| Country U.S.   | Zip 33326<br>Country U.S.  |

|                             |   |
|-----------------------------|---|
| 4. FEI Number<br>65-1084207 | Applied For <input checked="" type="checkbox"/><br>Not Applicable |
|-----------------------------|---|

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

|  |    |                |
|--|----|----------------|
| 7. Name and Address of Current Registered Agent                            |    |                |
| Name Nencheck, Steven L.   |    |                |
| Street Address (P.O. Box Number is Not Acceptable)<br>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 reinstating)

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 DPS<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Nencheck, Steven L.<br>62 Indian Trace, #122<br>Weston, FL 33326 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b>              |  |  |  |  |  |

3. 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* STEVEN L. NENCHECK  
Cell Phone  
X 4-24-02 954-651-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)