2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P01000029987 1. Entity Name 03-22-2002 90012 045 ***150 00 JUST-RITE LANDCARE, INC. Principal Place of Business Mailing Address 511 GOMTO LAKE ROAD 511 GOMTO LAKE ROAD BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 511 Garnto <u>II Gori</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For <u> 59-372111</u> Not Applicable randor Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEISLER, KATHY Street Address (P.O. Box Number is Not Acceptable) 511 GOMTO LAKE ROAD **BRANDON FL 33510** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME GEISLER, KATHY 511 Gornto Lake Rd STREET ADDRESS STREET ADDRESS 511 GOMTO LAKE ROAD CITY-ST-ZIP Brandon, Fl. 33510 CITY-ST-ZIP **BRANDON FL 33510** ☐ Delete TITLE TITI F NAME NAME GEISLER, BRYAN 511 Gornto Lake Rd STREET ADDRESS STREET ADDRESS 511 GOMTO LAKE ROAD Brandon, Fl. 33510 CITY-ST-ZIP CITY-ST-7IP **BRANDON FL 33510** v.P. Operations ☐ Change ☐ Delete TITLE TITLE NAME Jacky Wright NAME STREET ADDRESS STREET ADDRESS P.O. BOX 291573 CITY-ST-ZIP CITY-ST-ZIE Tampa, Fl ☐ Dejete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED