

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 047 ***158.75

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

DOCUMENT # P01000030107

1. Entity Name

Procure Landscape & Lawn Service, Inc.



80126752

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5055 Garfield Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Bch, FL

City & State

4. FEI Number

65-1106068

Applied For

Not Applicable

Zip

33484

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lorraine Whiting

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

5055 Garfield Rd

City

Delray Bch

FL

Zip Code

33484

**DO NOT WRITE
IN THIS SPACE**

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

Lorraine Whiting

(NOTE: Registered Agent signature required when registering)

Lorraine Whiting

5/30/03

January 1 - May 1 Fee is \$150.00

(After May 1 Fee is \$350.00)

(Amended UBR is \$81.25)

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

President

NAME

Ron Whiting

STREET ADDRESS

5055 Garfield Rd

CITY - ST - ZIP

Delray Bch, FL 33484

TITLE

Vice President

NAME

Lorraine Whiting

STREET ADDRESS

5055 Garfield Rd

CITY - ST - ZIP

Delray Bch, FL 33484

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

Lorraine Whiting

Date

5/30/03

Daytime Phone #

5616374630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/02)