

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90074 037 ***150.00

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DOCUMENT # P01000032549

1. Entity Name
GREG RUSSELL'S COMPLETE LAWN SERVICE, INC.

Principal Place of Business
217 KATHERINE BLVD.
PALM HARBOR FL 34684

Mailing Address
217 KATHERINE BLVD.
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1117 Gray Bank Dr
 Suite, Apt. #, etc.

3. Mailing Address
 1117 Gray Bank Dr
 Suite, Apt. #, etc.

City & State
 Oldsmar, FL
Zip
 34677
Country
 US

City & State
 Oldsmar, FL
Zip
 34677
Country
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4. FEI Number
 59-3708670
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUSSELL, GREGORY E
217 KATHERINE BLVD.
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 1117 Gray Bank Dr.
City Oldsmar **FL** **Zip Code** 34677

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 *Greg Russell*

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D RUSSELL, GREGORY E 217 KATHERINE BLVD. PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, CINDY ANN 217 KATHERINE BLVD. PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1117 Gray Bank Dr. Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1117 Gray Bank Dr. Oldsmar, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Greg Russell* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)