

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -5 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000038768**

1. Entity Name

**CENTRAL FLORIDA LAWN WORKS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4566 ALHAMA ST**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1994**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

Zip  
**32811**

Country

City & State  
**WINDEREMERE, FL**

Zip  
**34786**

Country

4. FEI Number

**58-2627047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **WILLIAM C MALONE IV.**

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

**827 MENENDEZ COURT**

City **ORLANDO, FL**

**FL**

Zip Code  
**32801**

**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.

SIGNATURE

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

**RICHARD MCREYNOLDS**

**10/29/02**

(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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P/S/T RICHARD S MCREYNOLDS 4566 ALHAMA ST ORLANDO, FL 32811</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>400008795244 11/05/02--01014--003 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>N/A</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>N/A</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>N/A</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>N/A</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>N/A</b>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

**10-29-02**

Date

Daytime Phone #

CR2E034B (12/01)

*g ulrloz*

10/29/2002

Richard McReynolds  
P.O.Box 1994  
Windermere Fl, 34786  
(407)492-3830 cell  
(407)423-5772 office

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32314

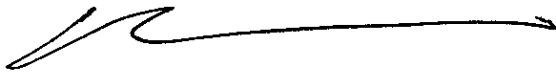
Re: CENTRAL FLORIDA LAWN WORKS, INC

Dear Sir/Madam:

I am writing you this letter as instructed by your office to inform you in writing that my registered agent nor I have not received UNIFORM BUSINESS REPORT for year 2002. I am sending you the UNIFORM BUSINESS REPORT that I got off the web site and I have enclosed a check for the amount of \$150.00 (check #1149) as instructed by your office.

Please file the original and date stamp the copy of same and return to the undersigned in the self-addressed, stamped envelope provided

Sincerely



Richard McReynolds