

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90183 001 ***150.00

DOCUMENT # P01000040127

1. Entity Name
JASON'S LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

~~4537 EMPIRE WAY~~ **6692 Massachusetts DR**
~~GREENACRES FL 33463~~ **Lantana FL 33462**

2. Principal Place of Business

3. Mailing Address

6692 Massachusetts DR
Suite, Apt. #, etc.

City & State

City & State

Lantana FL

Lantana FL

Zip Country

Zip Country

33462 USA

33462 USA

4. FEI Number

65-1099269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, ELLIOTT
2777 S. CONGRESS AVE.
LAKE WORTH FL 34461

Name

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

City

FL

Zip Code

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 **error**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **HEWITT, JASON**
STREET ADDRESS **4537 EMPIRE WAY**
CITY-ST-ZIP **6692 Massachusetts DR**
GREENACRES FL 33463 Lantana FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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.

SIGNATURE: **Jason Hewitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#PO1000040127
123700

8/5/02

To whom it may concern:

My business, Laxon's Lawn Service, Inc. is small. I handle everything myself, with the birth of my new child, things have become quite hectic.

Please accept this payment of \$150.00 as this is the first notice that has been received.

Thanking you in advance,

Laxon Murt