## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000043925 DOCUMENT #

1. Entity Name

KANDEL'S LAWN CARE, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90331 033 \*\*\*150.00

Zip   Country   Zip   Country   S. Certificate of Status Desired   \$3.75 Addition   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   N	Principal Place of Business 4668 BREEZY PINES BOULEVARD SARASOTA FL 34232			Mailing Address 4668 BREEZY PINES BOULEVARD SARASOTA FL 34232											
City & State    City & State   City & State   City & State   City & State   A. FEI Number   65-1094362   Not Ay	2. Principal Pl	lace of Busine	988	<b>3.</b> Mai	ling Address		•		f 100 i 10 f i				IIODU (IIIFD IUII	# (160) BHU 160!	
Top	Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
Zip Country Zip Country	City & State	e		City	& State			4, 1	FEI Number	65-1094	1362		-	Applied For Not Applicab	ie i
KANDEL, KOREY 4688 BREEZY PINES BLVD SARASOTA FL 34232  City FL Zip Code 8. The above named entity submitte this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and strength	Zip		Country	Zip		Coun	try	5. <	Certificate of	Status Des	ired		\$8.75 A	dditional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name	and Address of Current F	legistere	ed Agent	l									$\exists$
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature. Specific agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  MAME  SIGNATURE  PTD KANDEL C.  WANDEL KOREY K.  4668 BREEZY PINES BOULEVARD  SIREFADDRESS  SITH ADDRESS  CITY ST-2P  TITLE  NAME  NAME  SITH ADDRESS  CITY ST-2P  TITLE  Change  Chan	4668 BRE	ezy pines i	• <del>• •</del>	m	المومنة الما يتية المد										
8. The above named entity submitist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.    SignAntURE		•	# 54 °				City		****			FL	Zip Co	de	٦
Make Check Payable to Florida Department of State  10.	the obligati SIGNATURE	Signature, typed o	red agent. r printed name of registered agent ar FEE IS \$150.00				<u>.</u>		einstating)			DATE			
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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 Block 11 if changed, or on an attachment withjan address, with all other likejempowered.

**SIGNATURE:**