

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0603841 AV

DOCUMENT # P01000046999

1. Entity Name
SOUTH FLORIDA LAWNS SPRAY DIVISION, INC.



04-30-2003 90161 035 ***150.00

Principal Place of Business
1541 SE PORT ST. LUCIE BLVD. STE A
PORT ST LUCIE FL 34952

Mailing Address
1541 SE PORT ST. LUCIE BLVD. STE A
PORT ST LUCIE FL 34952



2. Principal Place of Business
1591 SE Port St Lucie Blvd

3. Mailing Address
1591 SE Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number 65-1102104

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

MECCA, DENNIS
1541 SE PORT ST. LUCIE BLVD, STE A
PORT ST LUCIE FL 34952

Name Dennis Mecca (Same)

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

1591 SE Port St Lucie Blvd Suite A

City Port St Lucie

FL

Zip Code 34952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MECCA, DENNIS
STREET ADDRESS 1541 SE PORT ST. LUCIE BLVD, STE A
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Dennis Mecca

4-28-03

Date

772-337-2443

Daytime Phone #

CR2E034 (10/02)