

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90031 011 \*\*\*150.00

**DOCUMENT #** PD1000049329 ✓  
1. Entity Name  
ABOVE-N-Beyond LAWN & LANDSCAPING INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1707 VILLAGE BLVD</u> Suite, Apt. #, etc. <u>APT #308</u> City & State <u>West Palm Bch, FL</u>		3. Mailing Address <u>P.O. Box 222934</u> Suite, Apt. #, etc.  City & State <u>West Palm Bch, FL</u>	
Zip <u>33409</u>	Country <u>U.S.A</u>	Zip <u>33422</u>	Country <u>U.S.A</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1104481</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name DARREN T. MILLER  
Street Address (P.O. Box Number is Not Acceptable)  
1707 VILLAGE BLVD.  
West Palm Bch, FL  
City FL Zip Code 33409

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 Darren Miller President x Darren Miller 4-30-02  
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) ☐  
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	<u>P</u> <u>MILLER DARREN</u> <u>1707 VILLAGE BLVD</u> <u>West Palm Bch, FL 33409</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V.P</u> <u>GEORGIANN FELL</u> <u>2941 N.E. 7th TERR</u> <u>Pompano Bch, FL 33064</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: x Darren Miller DARREN Miller 4/28/02 561-248-5125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)