

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90722 035 ***150.00

0544645 AV

DOCUMENT # P01000052066

1. Entity Name

S & S LAWN SERVICE INC.



Principal Place of Business

**C/O COAST-TO-COAST REALTY
267 N. COLLIER BLVD. -SUITE 204
MARCO ISLAND FL 34145**

Mailing Address

**C/O COAST-TO-COAST REALTY
267 N. COLLIER BLVD. -SUITE 204
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720743

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

**ROLLER, PETRA
C/O COAST-TO-COAST REALTY
267 N. COLLIER BLVD. -SUITE 204
MARCO ISLAND FL 34145**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

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 ☐ Delete

**D
NAME HERRIDGE, ADAM G
STREET ADDRESS 898 EGRETS RUN, #201
CITY-ST-ZIP NAPLES FL 34108**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**V
NAME HERRIDGE, GLENDA
STREET ADDRESS 898 EGRETS RUN- SUITE 201
CITY-ST-ZIP NAPLES FL 34108**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**S
NAME HERRIDGE, ADAM
STREET ADDRESS 898 EGRETS RUN -SUITE 201
CITY-ST-ZIP NAPLES FL 34108**

TITLE ☐ Change ☐ Addition

**NAME
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TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03 239 597 1486

CR2E034 (10/02)