

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 039 \*\*\*150.00

**DOCUMENT # P01000052349**

**1. Entity Name**  
**ORVIS LAWN SERVICE, INC.**

**Principal Place of Business**

**Mailing Address**

**1201 10TH AVE N  
 NAPLES FL 34102**

**1201 10TH AVE N  
 NAPLES FL 34102**

00101011



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**4. FEI Number**

**59-3724302**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

**ORVIS, ROBERT  
 1201 10TH AVE N  
 NAPLES FL 34102**

**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**

**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** **D** ☐ Delete  
**NAME** **ORVIS, ROBERT**  
**STREET ADDRESS** **1201 10TH AVE N**  
**CITY-ST-ZIP** **NAPLES FL 34102**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

**9/18/02**

**Date**

**Daytime Phone #**

CR2E034 (4/02)

Attachment

# Hensley Company PA

CPA

The CPA. Never Underestimate The Value.<sup>®</sup>  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

## Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

PO1000052349

Tuesday, July 16, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Onis Lawn Service Inc. PO1000052349

Dear Sirs:

Enclosed please see my clients 2002 Uniform Business Report and check for \$150.00. Please waive late fee, as we never received the original UBR to file.

Thank you.

Sincerely,

Neely Hensley, Accountant  
For: Hensley & Co., PA

N. Hensley

This facsimile transmission is a confidential, privileged communication to or for the benefit of our client in furtherance of the rendition of professional services and is intended solely for the use of the person to whom directed. If you have received this in error, please notify us promptly and do not disclose the contents to any other person.