2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90202 015 ***158.75

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DOCUMENT # P01000059432

1. Entity Name
SHARK COMPLETE LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
5099 PALM HILL DR 374-Z WEST PALM BEACH FL 33415	5099 PALM HILL DR 374-Z WEST PALM BEACH FL 33415

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12475 57TH ROAD N	12475 57TH ROAD N.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: ROYAL PALM BEACH	City & State: ROYAL PALM BEACH
Zip: 33411 Country: PB	Zip: 33411 Country: PB

4. FEI Number 65-1112417 ☐ 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
SUJAGUI, ALI 5099 PALM HILL DR #374-2 WEST PALM BEACH FL 33415	Name: SUJAGUI JOSE ALI Street Address (P.O. Box Number is Not Acceptable): 12475 57TH ROAD NORTH City: ROYAL PALM BEACH FL Zip Code: 33411

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 X Sujagui Jose Ali (D) Sujagui 04/16/03
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUJAGUI, ALI 1767 JOG ROAD APT 206 ROYAL PALM BEACH FL 33411	☐ Delete	D SUJAGUI JOSE ALI 12475 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: X SIGNATURE REQUIRED 04/16/03 5616412176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #