

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90121 035 ***150.00

DOCUMENT # P01000064760

1. Entity Name
PERSONAL TOUCH LAWN SERVICE OF LEE COUNTY, INC.



Principal Place of Business
~~9064 TANGELO BLVD.~~
~~FT MYERS FL 33912~~

Mailing Address
~~9064 TANGELO BLVD.~~
~~FT MYERS FL 33912~~

11011200



2. Principal Place of Business

8381 Matanzas Rd.
Suite, Apt. #, etc.

3. Mailing Address

8381 Matanzas Rd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS FL

City & State
FT MYERS FL

4. FEI Number **65-1118532**

Applied For
Not Applicable

Zip **33912** **Country** **Lee**

Zip **33912** **Country** **Lee**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **ADAMS, MARK**
STREET ADDRESS **9064 TANGELO BLVD.**
CITY-ST-ZIP **FT MYERS FL 33912**

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

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CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Adams, Mark**
STREET ADDRESS **8381 Matanzas Rd.**
CITY-ST-ZIP **FT. MYERS FL 33912**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark C. Adams

Date

Daytime Phone #

CR2E034 (10/02)