

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90334 001 ***150.00
 03-14-2002 90334 002 *****8.75

DOCUMENT # P01000077037

1. Entity Name
PAT'S PERSONAL LAWN CARE, INC.

Principal Place of Business
4311 CRYSTAL LAKE DRIVE
APARTMENT 402
DEERFIELD BEACH FL 33064

Mailing Address
4311 CRYSTAL LAKE DRIVE
APARTMENT 402
DEERFIELD BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4311 CRYSTAL LAKE DR

3. Mailing Address
4311 CRYSTAL LAKE DR

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

POMP, FLA

City & State

POMPANO, FLA

4. FEI Number

651133874

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

5. Certificate of Status Desired

10

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, PATRICK A
4311 CRYSTAL LAKE DRIVE
APARTMENT 402
DEERFIELD BEACH FL 33064

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.

SIGNATURE *Patrick Morris*
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **D** ☐ Delete
 NAME **MORRIS, PATRICK A**
 STREET ADDRESS **4311 CRYSTAL LAKE DRIVE #402**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33064**

TITLE **D** ☐ Delete
 NAME **MORRIS, ALISHA P**
 STREET ADDRESS **4311 CRYSTAL LAKE DRIVE #402**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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: *Patrick Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)