

01-03 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) 2002**

FILED

03 MAY 16 AM 7:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000078865**

1. Entity Name

SAMPSON LAWN MAINTENANCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11929 E COLONIAL DR
 Suite, Apt. #, etc.
346

3. Mailing Address

11929 E COLONIAL DR
 Suite, Apt. #, etc.
346

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32826

Country

Zip

32826

Country

4. FEI Number

300020257133
 05/29/03--01074--025 **300.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

L V SANDER THORPE

Street Address (P.O. Box Number is Not Acceptable)

6327 PINEY GLEN LN

City

ORLANDO, FL

FL

Zip Code

32819

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

[Signature]

5/8/03

(Signature of officer or director or person authorized to sign on behalf of the corporation)

(NOTE: Registered Agent Signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
 (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRES**
 NAME **TORREY SAMPSON**
 STREET ADDRESS **11929 E. COLONIAL DR STE 346**
 CITY-STATE-ZIP **ORLANDO, FL 32826**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

407 352 8574

DATE

Daytime Phone #

CR250345 (12/01)

9/123

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4. FEI Number

59-3737046

Applied For

Not Applicable

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**\$8.75 Additional
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Name

L/SANDER THORPE

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[Signature]

5/8/03

(Signature, typed or printed name of registered agent and title, if applicable)

(Typed, Registered Agent signature (typed office standing))

DATE

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[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

407 352 8574

Daytime Phone #

CR2E0345 (12/01)

21 5/23

May 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

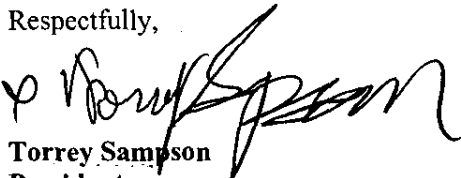
Dear Sirs:

**Re: (Sampson Lawn Mtnc Inc.
Document No. P01000078865**

We enclose herewith the Uniform Business Report for the year 2002 and 2003 along with the fee of Three Hundred Dollars (\$300.00). Our mail was rerouted incorrectly, and we never received our Uniform Business Report. Our Accountant recently made us aware that we had not submitted our Uniform Business Report for the year 2002 and 2003, which we enclose.

We realize that this report is late in coming and request an abatement of any associated penalties. Again, we apologize for the delay and assure you that this will not happen again.

Respectfully,

A handwritten signature in black ink, appearing to read 'Torrey Sampson', is written over the printed name and title.

**Torrey Sampson
President**