

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 007 ***150.00

DOCUMENT # P01000082934

1. Entity Name
GOOD SHEPHERD LAWN CARE OF FLORIDA, INC.



Principal Place of Business
**6154 ARCADE COURT
LAKE WORTH FL 33463**

Mailing Address
**6154 ARCADE COURT
LAKE WORTH FL 33463**

54024244



2. Principal Place of Business

6603 RAINWOOD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL
Zip
33463

City & State
SAME
Zip
SAME

4. FEI Number
65-1128828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIERRE, PAULEON
6154 ARCADE COURT
LAKE WORTH FL 33463**

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 \$180.00

After May 1, 2004 Fee will be \$500.00

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

TITLE
NAME **D PAULEON, PIERRE**
STREET ADDRESS **6154 ARCADE COURT**
CITY-ST-ZIP **LAKE WORTH FL 33463**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Pauleon Pierre Pauleon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #