FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90132 008 ***150.00

2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082934

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

14015993

Principal Place of Business
6154 ARCADE COURT
LAKE WORTH FL 33463

Mailing Address
6154 ARCADE COURT
LAKE WORTH FL 33463

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 6603 Ravinwood Cove Lane
Suite, Apt. #, etc.
City & State: Lake Worth, FL
Zip: 33463 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State: Same
Zip: Same Country

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Pierre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR