

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000092883

FILED  
Apr 04, 2002 8:00 AM  
Secretary of State

**Entity Name:** ALL PRO LANDSCAPING & LAWN MAINTENANCE SERVICES, INC.

**Current Principal Place of Business:**

P O BOX 2772  
OCALA, FL 34478

**New Principal Place of Business:**

P O BOX 5076  
OCALA, FL 34478

**Current Mailing Address:**

P O BOX 2772  
OCALA, FL 34478

**New Mailing Address:**

P O BOX 5076  
OCALA, FL 34478

**FEI Number:** 59-3748567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, DANIEL  
3444 SE 13TH ST.  
OCALA, FL 34471

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D ( ) Change (X) Addition  
Name: DANIEL, LAWRENCE  
Address: PO BOX 5076  
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LAWRENCE

PR.

04/04/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date