2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000100672 **DOCUMENT #**

1. Entity Name

SAM I AM LAWN & LANDSCAPE, INC.



Apr 16, 2003 8:00 am Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 4. FEI Number 75-3005182 Applied Not App		TI. 1552 LEMON ST. CLEARWATER FL 33758 lace of Business 3. Mailing Address # etc. Suite, Apt. #, etc. ————————————————————————————————————
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 4. FEI Number 75-3005182 Applied Not App	CHANGES Applied For	#. etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Gity & State 4. FEI Number 75_2005.182 Applied For
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City & State City & State 4. FEI Number 75-3005182 Applied Not App	Applied For	City & State 4. FEI Number 75_2005182 Applied For
75-3005182 Not App		75-2006 199
		Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired Fee Required		Country Zip Country 5. Certificate of Status Desired \$8.75 Additional ~
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	gent	Fee Required
Name		
SISSON, LARRY Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name
218 SOUTHERN COUNTRY LANE		6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
QUINCY FL 32351		6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRY Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code		6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRY Street Address (P.O. Box Number is Not Acceptable)
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 a	Zip Code	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRY Street Address (P.O. Box Number is Not Acceptable) 32351
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12. I hereby certify that the information supplied with this filling 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 supplied enter 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 of 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 one price empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Addition

☐ Change