

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90065 033 ***150.00

DOCUMENT # P01000101537

1. Entity Name
ALL AMERICAN LAWN MAINTENANCE & LANDSCAPING, INC

Principal Place of Business
3602 SW RIVERA ST
PORT ST LUCIE FL 34953

Mailing Address
3602 SW RIVERA ST
PORT ST LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

3602 SW Rivera St
 Suite, Apt. #, etc.

3602 SW Rivera St
 Suite, Apt. #, etc.

City & State

Port: St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34953

Country

America

Zip

34953

Country

America

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIESEMAN, ROBERT A
3602 SW RIVERA ST
PORT ST LUCIE FL 34953

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **GIESEMAN, ROBERT A**
STREET ADDRESS **3602 SW RIVERA ST**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 (561)343-9780

CR2E034 (9/01)