

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90083 047 \*\*\*150.00

0391845 AV

**DOCUMENT # P01000107634**

1. Entity Name

**GRASS R US LAWN SERVICE, INC.**

Principal Place of Business

Mailing Address

~~9995 10TH AVE N~~  
~~LAKE WORTH FL 33461~~

~~3335 10TH AVE N~~  
~~LAKE WORTH FL 33461~~

2. Principal Place of Business

**3017 Guiliano Ave**

Suite, Apt. #, etc.

3. Mailing Address

**3017 Guiliano Ave**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Lake Worth FL 33461**

City & State

**Lake Worth FL 33461**

4. FEI Number

**65-1153340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, ALEX I**

~~3335 10TH AVE N~~

~~LAKE WORTH FL 33461~~

**100 longfellow Dr.**  
**Lake Worth FL 33461**

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.

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

TITLE **D** ☐ Delete  
NAME **DELGADO, ALEX I**  
STREET ADDRESS ~~3335 10TH AVE N~~ **100 longfellow Dr.**  
CITY-ST-ZIP ~~LAKE WORTH FL 33461~~ **Lake Worth FL 33461**

TITLE **D** ☐ Delete  
NAME **PEREZ, JORGE E**  
STREET ADDRESS **3017 GUILIANO AVE**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

**Alex Delgado President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)