

**FOR PROFIT CORPO. ON
UNIFORM BUSINESS REGISTRATION (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 013 ***150.00

DOCUMENT # PD1DD0111423

1. Entity Name

Brazhndv's Pool & Lawn Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9544 Wyoming Court
Suite, Apt. #, etc.

3. Mailing Address
9544 Wyoming Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL
Zip
33434
Country
33434

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Boca Raton, FL
Zip
33434
Country
Boca Raton

4. FEI Number
105-153960
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph K. Nofel, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3284 N. State Rd 17

City
Lauder Lakes FL Zip Code
33319

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

Joseph K. Nofel, Registered Agent. May 29, 2002

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer & Secretary
9544 Wyoming Court
Boca Raton, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel DeCosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 29th, 02 (954) 484-5533

Date

Daytime Phone #

CR2E0348 (12/01)