2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000114472 **DOCUMENT #**

1. Entity Name

SUNCOAST LAWNS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90650 012 ***150.00

MILLER, MARK A STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP					`	OD WE TO					
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City & State Name Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cope 8. The above named entity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State 10.	2. Principal Pl	ace of Business .	3. Maii	ing Address			- 		 		
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name	City & State	9	City	City & State			65-0306500				
MILLER, MYRA J 710 RELLIM LANE SARASOTA FL 34/232 6. 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 Iamiliar with, and accept the obligations of registered agent. SIGNATURE SCHANTIN Troot or printed name of registered agent and to all application. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SITERT ADDRESS OTH - 51-2P TITL	Zíp	Country	Zip	Zip Cou							
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710 RELLIM LANE SARASOTA FL 34232 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. It am familiar with, and accept the colligations of registered agent. SignaTURE Signature, horsel or purried name of registerial agent and their displicable. (NOTE Registered Agent Ag					Na	me					
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, torside or printed name of registered agent and site if explicable. (NOTE Registered Agent signature required when reintations) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE MILLER, MARK A 710 RELLIM LANE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS											
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	After	May 1, 2003 Fee will	be \$550.00				Trust Fund	Contribution.	Added	to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VINALUE DAY OF SIGNING OFFICER OR DIRECTOR