

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90210 022 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 1. Entity Name	P01000117680
-------------------------------------	--------------

SOUTH FLORIDA LAWN AND LANDSCAPE, INC.

30136528

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 10815 NE 11 TH AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33161	Country

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 01-0653503	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name SHERRY WALLACE	
Street Address (P.O. Box Number is Not Acceptable) 3142 NW 43 STREET	
City MIAMI	Zip Code 33142

**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 accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MADISON GRIFFIN 10815 NE 11TH AVE MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

**SIGNATURE:** *Madison Griffin* **MADISON GRIFFIN, PRESIDENT** **4/3/2003** **786-256-2275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #