FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90011 041 ***550.00

DOCUMENT # PO1000117923

1. Entity Name

Muhammed Lawn Maintenance & Landscaping Services, Inc

DO NOT WRITE IN THIS SPACE

54059060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1537 WIGMORE ST
Suite, Apt. #, etc.

3. Mailing Address
1537 WIGMORE ST
Suite, Apt. #, etc.

City & State: Jacksonville, FL
Zip: 32206 Country: USA

City & State: Jacksonville, FL
Zip: 32206 Country: USA

4. FEI Number 01-0610459 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: Robert A.W. Muhammad

Street Address (P.O. Box Number is Not Acceptable): 1537 Wigmore ST

City: Jacksonville FL Zip Code 32206

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: Robert M _____ Robert A. W. Muhammad 6/21/2004

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/D P	TITLE	
NAME	Robert A. W. Muhammad	NAME	
STREET ADDRESS	1537 Wigmore ST	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32206	CITY-ST-ZIP	
TITLE	Vice President/T/S	TITLE	
NAME	YVETTE C. ANDRIANTSOLY	NAME	
STREET ADDRESS	1537 Wigmore ST	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32206	CITY-ST-ZIP	
TITLE	S/T/Director, CEO	TITLE	
NAME	Maxine Fisher	NAME	
STREET ADDRESS	5655 International Dr	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Jacksonville, FL 32219	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert M _____ Robert A. W. Muhammad 6/21/2004 904-768-8417 / 904-349-0339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)