

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-24-2003 90051 002 ***150.00

DOCUMENT # P02000004936

1. Entity Name
FIRST IMPRESSION LAWN MAINTENANCE INC.



Principal Place of Business
**4099 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948**

Mailing Address
**PO BOX 496720
PORT CHARLOTTE FL 33949**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0374147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEITZEL, GLENN W
4099 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name

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

DEPA

FC

ACC

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WEITZEL, GLENN W
4099 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WEITZEL, CHAD A
322 EAST GRACE STREET
PUNTA GORDA FL 33950**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WEITZEL, BRANDY
322 EAST GRACE STREET
PUNTA GORDA FL 33950**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WEITZEL, KATHRYN
4099 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
WEITZEL, GLENN W
4099 ROCK CREEK DR.
PORT CHARLOTTE, FL 33948**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
WEITZEL, KATHRYN
4099 ROCK CREEK DR
PORT CHARLOTTE, FL 33948**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Weitzel, Ryan
3433 Middletown St.
Port Charlotte, FL 33952**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (10/02)