

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90117 024 ***150.00

DOCUMENT # P02000005636

1. Entity Name
SOUTHPAW STUMP REMOVAL & LAWN, INC.



Principal Place of Business
**714 10TH ST. NW
LARGO FL 33770**

Mailing Address
**714 10TH ST. NW
LARGO FL 33770**

2. Principal Place of Business
714-10th St. N.W.
Suite, Apt. #, etc.

3. Mailing Address
714-10th St. N.W.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Largo, FLA
Zip
33770
Country
USA

City & State
Largo, FL
Zip
33770
Country
USA

4. FEI Number
043588214

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DROWN, ALLISON
714 10TH ST. NW
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

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

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 *Allison Drown*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Please 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 **PVST** ☐ Delete
NAME **DROWN, ALLISON**
STREET ADDRESS **714 10TH ST. NW**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** ☐ Delete
NAME **DROWN, ALLISON**
STREET ADDRESS **714 10TH ST. NW**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison Drown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03
Date

727-585-7900
Daytime Phone #

CR2034 (1/0/02)