


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000009986</b>			
1. Entity Name <b>MARCELLE LAWN SERVICE, INC.</b>			
Principal Place of Business 435 S. RIDGWOOD AVENUE #210 DAYTONA BEACH, FL 32114		Mailing Address 435 S. RIDGWOOD AVENUE #210 DAYTONA BEACH, FL 32114	
2. Principal Place of Business <i>Change</i>		3. Mailing Address	
Suite, Apt. #, etc. 875 Willow Run		Suite, Apt. #, etc.	
City & State Ormond Beach, Fl.		City & State Ormond Beach, Fl.	
Zip 32174		Zip 32174	
Country Volusia		Country Volusia	
4. FEI Number 90-0000602		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARCELLE, RICHARD S 875 WILLOW RUN ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when re-issuing)	
FILE NOW WITH FEE IS \$150.00 FILING MAY 1, 2003 FEE WILL BE \$550.00 MAIL CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Supervisor Richard Scott Marcelle 875 Willow Run Ormond Beach, Fl. 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 my address, with all other like empowered.			
SIGNATURE: <i>Richard Scott Marcelle</i>		396671-2678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2EG34 (10/02)