

**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 <b>435 S. RIDGEWOOD AVENUE #210                  DAYTONA BEACH, FL 32114</b>		Mailing Address <b>435 S. RIDGEWOOD AVENUE #210                  DAYTONA BEACH, FL 32114</b>
2. Principal Place of Business Suite, Apt. #, etc. <b>Change</b> <b>875 Willow Run</b> City & State <b>Ormond Beach, Fl.</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Ormond Beach, Fl.</b>
4. FEI Number <b>90-0000602</b>		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 Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when re-issuing)</small>		
FILE NOW WITH FEE IS \$150.00 FILING MAY 1, 2003 FEE WILL BE \$450.00 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	<input type="checkbox"/> Delete <b>Advisor                  Richard Scott Marcelle                  875 Willow Run                  Ormond Beach, Fl. 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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 the address, with all other like empowered.		
SIGNATURE: <i>Richard Scott Marcelle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		396671-2678 <small>Daytime Phone #</small>

CR2EG34 (10/02)