

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-15-2003 90159 003 ***150.00

0015151 AV

DOCUMENT # P02000016546

1. Entity Name
STAR LAWN & LANDSCAPING, INC.



Principal Place of Business

Mailing Address

~~601 FOREST TROLL DR.~~
PORT ORANGE FL 32127

~~601 FOREST TROLL DR.~~
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

5728 Stewart Ave

5728 Stewart Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Port Orange FL

City & State
Port Orange FL

4. FEI Number
03-0400576

Applied For
Not Applicable

Zip Country
32127 Volusia

Zip Country
32127 Volusia

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITTON, STANLEY
~~601 FOREST TROLL DR.~~
PORT ORANGE FL 32127

Name

Street Address (R.F. Box Number is Not Acceptable)

5728 Stewart Ave

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Treas.	<input type="checkbox"/> Delete
NAME	Stanley Ditton	
STREET ADDRESS	5728 Stewart Avenue	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	V. Pres, Sect	<input type="checkbox"/> Delete
NAME	Blaine Randall	
STREET ADDRESS	274 Brandy Hills Dr	
CITY-ST-ZIP	Port Orange FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-03

Date Daytime Phone #

CR2E034 (10/02)

Attachment#

80148448

PO2000016546

Due to Address Change
this item just got
delivered 9/8/03

Our agencies, we
didn't know to even
look for it prior
1st time of filing