

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90183 004 ***150.00

DOCUMENT # P02000020706



1. Entity Name
SMARRITO'S LAWN SERVICE, INC.

Principal Place of Business
765 ASHLEY LANE
ORLANDO FL 32825

Mailing Address
1517 EAST HILLCREST STREET
ORLANDO FL 32803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0008318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMALLEY, WAYNE
1517 HILLCREST STREET
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
Smalley & Company PA
Street Address (P.O. Box Number is Not Acceptable)
1517 E Hillcrest Street
City
ORLANDO **FL** **Zip Code**
32803

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.

WAYNE Smalley President

(NOTE: Registered Agent signature required when reinstating)

3/3/03

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
PD
NAME
SMARRITO, NICHOLAS S
STREET ADDRESS
765 ASHLEY LANE
CITY-ST-ZIP
ORLANDO FL 32825

☐ Delete

TITLE
SD
NAME
SMARRITO, JENNIFER A
STREET ADDRESS
765 ASHLEY LANE
CITY-ST-ZIP
ORLANDO FL 32825

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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)(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

NICHOLAS S Smarrito

Date

3-5-03

Daytime Phone #

407-391-1162

CR2E034 (10/02)