

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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90167 046 \*\*\*150.00

0525378 AV

**DOCUMENT # P02000030574**

1. Entity Name  
**LAWN SYSTEMS OF S.W. FLORIDA, INC.**



Principal Place of Business  
**4363 RANDY PAAR DRIVE  
PORT CHARLOTTE FL**

Mailing Address  
**4363 RANDY PAAR DRIVE  
PORT CHARLOTTE FL**



2. Principal Place of Business  
**162 Annapolis Ln**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Rotonda West**

City & State

4. FEI Number  
**Applied for**

Applied For  
 Not Applicable

Zip  
**33947**

Country  
**Charlotte**

Zip

Country

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

**TANGUAY, EDWARD E JR.  
4363 RANDY PAAR DRIVE  
PORT CHARLOTTE FL**

Name  
**TANGUAY, Edward E. Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**162 Annapolis Ln**

City  
**Rotonda West**

FL Zip Code  
**33947**

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 *Edward E. Jr. Tanguay*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/10/03**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>TANGUAY, EDWARD E JR.</b>	<b>4363 RANDY PAAR DRIVE PORT CHARLOTTE FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>Pres</b>	<b>Edward Tanguay Jr</b>	<b>162 Annapolis Ln Rotonda West FL 33947</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Edward E. Jr. Tanguay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/11/03**

Daytime Phone #

CR2E094 (10/02)