

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

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

0525378 AV

05-08-2003 90167 046 ***150.00

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

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

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

Name
TANGUY, 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. Tanguy*
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 **D** Delete
NAME **TANGUY, EDWARD E JR.**
STREET ADDRESS **4363 RANDY PAAR DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
NAME **Plus Edward Tanguy Jr**
STREET ADDRESS **162 Annapolis Ln**
CITY-ST-ZIP **Rotonda West FL 33947**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/11/03

Date

Daytime Phone #

CR2E094 (10/02)