

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90120 036 ***150.00

DOCUMENT # **P02000035384**



1. Entity Name
CURLY'S TOTAL LAWN CARE INC.

Principal Place of Business
**9016 MORRIS RD
FT MYERS FL 33912**

Mailing Address
**9016 MORRIS RD
FT MYERS FL 33912**



2. Principal Place of Business
18205 USEPPA RD
Suite, Apt. #, etc.

3. Mailing Address
18205 USEPPA RD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT MYERS FL
Zip
33912
Country
USA

City & State
FT MYERS FL
Zip
33912
Country
USA

4. FEI Number
04-3637345

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NESITI, MICHAEL J
9016 MORRIS RD
FT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	D <input type="checkbox"/> Delete NESITI, MICHAEL J 9016 MORRIS RD FT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MICHAEL J NESITI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 **239-267-0419**
Date Daytime Phone #

CR2E034 (10/02)