

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 049 ***150.00

DOCUMENT # P02000039375

1. Entity Name

First Lawn Ard, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Gainesville City

Suite, Apt. #, etc.

N/A

City & State

Gainesville, FL

Zip

32653

Country

U.S.

3. Mailing Address

611 NW 27th Terrace

Suite, Apt. #, etc.

N/A

City & State

Gainesville, FL

Zip

32653

Country

U.S.

4. FEI Number

010689054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bryan E. Hunt

Street Address (P.O. Box Number is Not Acceptable)

611 NW 27th Terrace

City

Gainesville,

FL

Zip Code

32653

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President / Owner
Bryan E. Hunt
611 NW 27th Terrace
Gainesville, FL 32653

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N/A

TITLE

NAME

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N/A

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan E. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 (352) 375-7363

Date

Daytime Phone #

CR2E034B (12/01)