

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90134 019 ***150.00

0005969 AV

DOCUMENT # P02000040208



1. Entity Name
PEREAU BROTHERS LAWNCARE SERVICES, INC.

Principal Place of Business
**2891 TUSCARORA TRAIL
MIDDLEBURG FL 32068**

Mailing Address
**2891-TUSCARORA-TRAIL
MIDDLEBURG FL 32068**



2. Principal Place of Business
2891 Tuscarora Trail
Suite, Apt. #, etc.

3. Mailing Address
2891 TUSCARORA TRAIL
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIDDLEBURG FL

City & State

4. FEI Number
02-0583764

Applied For
 Not Applicable

Zip
32068

Country
FL/USA

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

**PEREAU, FRANKLIN
2891 TUSCARORA TRAIL
MIDDLEBURG FL 32068**

Name
PEREAU BROTHERS LAWN CARE SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable)
2891 TUSCARORA TRAIL
City
MIDDLEBURG FL Zip Code
32068

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4-24-03

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. FRANKLIN PEREAU. 2891 TUSCARORA TRAIL. MIDDLEBURG FL 32068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Kirk PerEAU 1717 County Rd. 220 Apt # 705 Orange Park, FL 32003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *FRANKLIN PEREAU* **FRANKLIN PEREAU** **4-24-03** **465-1173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)