

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045599

1. Entity Name  
WALLS LAWN CARE INC.



FILED

03 JUL 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
317 RADEBAUGH DRIVE  
LONGWOOD FL 32779

Mailing Address  
317 RADEBAUGH DRIVE  
LONGWOOD FL 32779



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3662174

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGALZOOM, MEVADA INC.

111 N.E. FIRST STREET  
SUITE 901  
MIAMI FL 33132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President CLARENCE A. WALLS JR. 317 Radebaugh Dr. Longwood, FL 32779	<input type="checkbox"/>		<input type="checkbox"/>
Treasurer CLARENCE A. WALLS JR. 317 Radebaugh Dr. Longwood, FL 32779	<input type="checkbox"/>		<input type="checkbox"/>
Secretary CLARENCE A. WALLS JR. 317 Radebaugh Dr. Longwood, FL 32779	<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: CLARENCE A. WALLS JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-2003 (407) 772-1699  
Date Daytime Phone #

CR2E034 (4/03)

Division of Corporations,

I am sending this letter regarding the 2003 for Profit Corporation Uniform Business Report. I originally returned the completed form and a check for \$150 in the month of April. I have been given the tracking #91497-034-\$150. This week, I received another Business Report. I called the phone number on the report and spoke with an associate. I was told that a correction letter had been sent to my house, but had not been returned. However, I do not recall receiving a correction letter and feel confident that the form would have been completed and returned promptly to avoid any complications. I am requesting that the late fee of \$400 be waived. Thank you for your consideration.

Sincerely,

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Clarence A. Walls, Jr.  
Walls Lawn Care, Inc.

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