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03 JUL 25 AM 11:38

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000045599

1. Entity Name

WALLS LAWN CARE INC.

		`		SECRETARY OF STATE	
Principal Place of Business 317 RADEBAUGH DRIVE LONGWOOD FL 32779		Mailing Address 317 RADEBAUGH DRIVE LONGWOOD FL 32779		SECRETARY OF STATE FALLAHASSEE. FLORIDA	
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2. Principal Place of Business		3. Mailing Address			111)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 3662174 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	==
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
		Name			
LEGALZOOM, MEVADA:INC					
111 N.E. FIRST STREET				ess'(P.O. Box Number is Not Acceptable)	
SUITE 901					
MIAMI FL 33132			City	FL Zip Code	
		r the purpose of changing its re	egistered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acc	cept
the obligati	lons of registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE	-
After Ser	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 (Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee	
After Sep Make Check	ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of	f State		Trust Fund Contribution. Added to Fee	
After Ser Make Check 10.	ptember 10, 2003 Fee will be \$750 A Payable to Florida Department of OFFICERS AND	DIRECTORS	11.	Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	es
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-2003 (407)772-169

CROEDS

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,

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