

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

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

04-14-2003 90733 044 ***150.00

DOCUMENT # **P02000046994**

1. Entity Name

Trinity Lawn + Pool Care, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10332 Tecoma Drive

Suite, Apt. #, etc.

3. Mailing Address

10332 Tecoma Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Trinity, FL

City & State

Trinity, FL

4. FEI Number

810558323

Applied For -

Not Applicable

Zip

34655

County

Pasco

Zip

34655

County

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Washer

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

10332 Tecoma Drive

City

Trinity

FL

Zip Code

34655

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

Scott Washer

4-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P
President
Scott Washer
10332 Tecoma Drive
Trinity, FL 34655

TITLE
NAME
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**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Washer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)