2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049930

1. Entity Name

TONY'S LAWN MAINTENANCE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90831 024 ***150.00

7757 NW 146 STREET MIAMI LAKES FL 33016 2. Principal Place of Business		Mailing Address 7757 NW 146 STREET MIAMI LAKES FL 33016 3. Mailing Address					î 28 00 28 00 2 70		13 11111 21 11 1 81 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. F	4. FEI Number 03-0443221			Applied For Not Applicable		
Zìp	Country	Zip	Country	/	5. Certificate of Status Desired			¢9.75 Additional		1
	6. Name and Address of Current	Registered Agent	<u>'</u>		7. N	lame and Address of New Re				1
		THE PART OF THE PA		Name		Sign Signer House Sign Control of the Control of th	-		*-	1
izzo, ch	IRIS	Street Addres			ss (PO Re	s (P.O. Box Number is Not Acceptable)				
7757 NW	146 STREET		Olicet Address			ox Humber is Not Acceptable)				_
miami la	KES FL 33016									
			ļ-	City			FL	Zip Cod	de	1
8. The above	named entity submits this statement for	or the number of changing it	e registered	office or regi	stored see	ant or both in the State of Flor		مادان بر مازاده		4
the obligat	tions of registered agent.	or the purpose of changing it	a registered	onice or regis	steretrage	ant, or both, in the state of Flor	iua. Famiai	miar with	, ало ассері	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature req	uired when rei	nstating)	DATE			
3 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				Election Campaign Fina Trust Fund Contribution.		\$5.0 Adde	00 May Be	
10.	OFFICERS AND		11,		ADI	DITIONS/CHANGES TO OFFIC	SEDS AND F	NDECTOE	DC INI 11	-
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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.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 2-17-03

454-21432

Daytime Phone