FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050460

1. Entity Name
M.O.A. LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
734 DOGWOOD DRIVE CASSELBERRY, FL 32707 US	734 DOGWOOD DRIVE CASSELBERRY, FL 32707 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
602 Fruitwood AVE	602 Fruitwood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs Fl. 32708	City & State: Winter Springs Fl. 32708
Zip / Country: US	Zip / Country: US

4. FEI Number: 30-0122414 ☐ Applied For ☐ Not Applicable

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
MEYER, PATRICK L 734 DOGWOOD DRIVE CASSELBERRY, FL 32707	Name: Street Address (P.O. Box Number is Not Acceptable): 602 Fruitwood Ave City: Winter Springs Fl. 32708 FL Zip Code: 32708

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/03

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Patrick L. Meyer STREET ADDRESS: 602 Fruitwood Ave CITY-ST-ZIP: Winter Springs Fl. 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/30/03 — Daytime Phone #