


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

DOCUMENT # P02000054900 <small>1. Entity Name</small> HENDRICKS LAWN & TREE CARE SERVICES, INC.			<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 FEB 27 PM 3:12</div> <div style="font-size: 0.8em;">SECRET TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.5em; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>
DO NOT WRITE IN THIS SPACE			
<small>2. Principal Place of Business</small> 2360 Northwest 37th Terrace <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Address</small> same <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Lauderdale Lakes, Florida		<small>City & State</small> <small>Zip</small> 33311	
<small>Country</small> United States		<small>Country</small> <small>4. FEI Number</small> 043671831	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
<small>Name</small> SPIEGEL & UTRERA, P.A.			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1840 Southwest 22 Street, 4th Floor			
<small>City</small> Miami			
<small>State</small> FL			
<small>Zip Code</small> 33145			
<small>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.</small> SPIEGEL & UTRERA, P.A.			
<small>SIGNATURE</small> By: <i>Natalia Utrera</i>		<small>Natalia Utrera, Vice President</small> 02-24-06	
<small>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</small>		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PSTD Neville Hendricks 2360 Northwest 37th Terrace Lauderdale Lakes, Florida 33311	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="font-size: 1.2em; font-weight: bold;">200067973752</div> <div style="font-size: 0.8em;">03/16/06--01017--025 **150.00</div>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>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.</small>			
<small>SIGNATURE:</small> <i>Neville Hendricks</i>		<small>Neville Hendricks</small> 02-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/02)