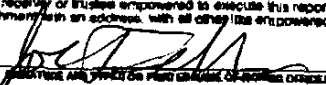


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90979 021 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000058386					
1. Entity Name BAKER'S LAWN CARE SERVICES, INC.					
Principal Place of Business 3181 SOUTHEAST CANBY ROAD PORT ST. LUCIE, FL 34952			Mailing Address 3181 SOUTHEAST CANBY ROAD PORT ST. LUCIE, FL 34952		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01-0705273			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & LITNER, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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, including printed name of registered agent and title if applicable Signature of Registered Agent (signature should be retained) DATE					
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	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
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 637, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment in an address, with all other like empowered.					
SIGNATURE: 			4/19/03		
DATE AND PRINT OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR			DATE		

CR2E034 (10/02)