

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 036 ***150.00

0044851 AV

DOCUMENT # P02000061343

1. Entity Name
HURST LAWN CARE, INC.



Principal Place of Business
**1948 LONGVIEW DR
TALLAHASSEE FL 32303**

Mailing Address
**1948 LONGVIEW DR
TALLAHASSEE FL 32303**

2. Principal Place of Business

92 Horseshoe Trail

3. Mailing Address

92 Horseshoe Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Crawfordville, FL

City & State
Crawfordville, FL

4. FEI Number
48-1261506

Applied For
☐ Not Applicable

Zip
32327

Country
Wakulla

Zip
32327

Country
Wakulla

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HURST, COLE
1948 LONGVIEW DR
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
92 Horseshoe Trail
City **Crawfordville** **FL** Zip Code **32327**

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

Cole Hurst, President
(NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

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	PV. HURST, COLE 1948 LONGVIEW DR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HURST, CAROLYN 1948 LONGVIEW DR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Cole Hurst** **REQUIRED** **Cole Hurst, President** **5/1/03** **566-3468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)