

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

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

04-28-2003 91514 049 ***150.00

DOCUMENT # **P020000063897**

1. Entity Name

SYDNEY REID LAWNCARE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5855 INGRAM ROAD

Suite, Apt. #, etc.

3. Mailing Address

5855 INGRAM ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
APOPKA, FLORIDA

City & State
APOPKA, FL

4. FEI Number

47-0869882

Applied For

Not Applicable

Zip
32703

Country
ORANGE

Zip
32703

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SYDNEY S. REID

Street Address (P.O. Box Number is Not Acceptable)

5855 INGRAM ROAD

City

APOPKA

FL

Zip Code

32703

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	PVST SYDNEY S. REID 5855 INGRAM ROAD APOPKA, FLORIDA 32703
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYDNEY S. REID
PVST, D**

4/24/03 467 3380317