2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90033 046 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000076716

1. Entity Name
CHUCK'S UNITED LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
972 NW 104TH AVENUE PEMBROKE PINES FL 33026 ✓	972 NW 104TH AVENUE PEMBROKE PINES FL 33026 ✓

SAME AS ABOVE

2. Principal Place of Business		3. Mailing Address	
972 N.W. 104 AVE.		972 N.W. 104 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PEMBROKE PINES, FL		City & State: PEMBROKE PINES, FL	
Zip: 33026	Country: USA	Zip: 33026	Country: USA

4. FEI Number 01-0737961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHERSON, CLARANCE F II
972 NW 104TH AVENUE
PEMBROKE PINES FL 33026

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCPHERSON, CLARANCE F II		NAME	
STREET ADDRESS	972 NW 104TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCPHERSON, TAMMI-JO		NAME	
STREET ADDRESS	972 NW 104TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Clarance F. McPherson II 2/1/04 954-538-9683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #