

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90526 044 ***150.00

DOCUMENT # P02000076716

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



Principal Place of Business
**972 NW 104TH AVENUE
PEMBROKE PINES FL 33026**

Mailing Address
**972 NW 104TH AVENUE
PEMBROKE PINES FL 33026**



2. Principal Place of Business
972 NW 104 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
972 NW 104 AVENUE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip
33026
Country
USA

City & State
PEMBROKE PINES, FL
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 _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCPHERSON, CLARANCE F II 972 NW 104TH AVENUE PEMBROKE PINES FL 33026	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCPHERSON, TAMMI-JO 972 NW 104TH AVENUE PEMBROKE PINES FL 33026	☐ 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
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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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 954-538-9683
Date Daytime Phone #

CR2E034 (10/02)