

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90298 034 \*\*\*150.00

0047326 AV

**DOCUMENT # P02000083366**

1. Entity Name  
**MOZOLIC'S LAWN MAINTENANCE, INC.**



Principal Place of Business  
**3909 RESERVE DR APT #422  
TALLAHASSEE FL 32311**

Mailing Address  
**3909 RESERVE DR APT #422  
TALLAHASSEE FL 32311**

↓ Address change

↓

2. Principal Place of Business

**246 Glenbrook Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**246 Glenbrook Dr**  
Suite, Apt. #, etc.

City & State

**Tallahassee FL 32317**

City & State

**Tallahassee FL 32317**

4. FEI Number

**06-1652216**

Applied For

Not Applicable

Zip

**32317**

Country

**Lean**

Zip

**32317**

Country

**Lean**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOZOLIC, FRANK J  
3909 RESERVE DR APT #422  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name  
**Frank J Mozolic**  
Street Address (P.O. Box Number is Not Acceptable)  
**246 Glenbrook Dr**

City  
**Tallahassee FL** Zip Code  
**32317**

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/03**

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOZOLIC, FRANK J</b>	
STREET ADDRESS	<b>3909 RESERVE DR APT #422</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>Mozolic, Frank J</b>	<input type="checkbox"/> Delete
NAME	<b>246 Glenbrook Dr</b>	
STREET ADDRESS	<b>Tallahassee FL 32317</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/26/03** 850-567-3242  
Daytime Phone #

CR2E034 (10/02)