

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90143 025 ***150.00

DOCUMENT # P02000086743

1. Entity Name
BOBBY CLEMMONS LAWN SERVICE, INC.



Principal Place of Business
920 NIAGARA STREET
PALM BAY FL 32909

Mailing Address
920 NIAGARA STREET
PALM BAY FL 32909



2. Principal Place of Business
920 Niagara St Palm Bay FL 32907
Suite, Apt. #, etc.

3. Mailing Address
920 Niagara St Palm Bay FL 32907
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Bay Fla
Zip
32907

City & State
Palm Bay Fla
Zip
32907

4. FEI Number
421541708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COMPLETE BUSINESS SOLUTIONS, INC.
1805 CANOVA ST
2
PALM BAY FL 32090

7. Name and Address of New Registered Agent

Name Bobby Clemmons
Street Address (P.O. Box Number is Not Acceptable)
920
920 Niagara St
City Palm Bay Fla FL Zip Code 32907

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

(NOTE: Registered Agent signature required when reinstating)

2/17/03
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	CLEMMONS, BOBBY	
STREET ADDRESS	920 NIAGARA STREET	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Clemmons, Bobby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 Niagara Street	
STREET ADDRESS	Palm Bay FL 32907	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED Bobby Clemmons 2/17/03 321-720-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)