

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 020 ***150.00

0122053 AT

DOCUMENT # P02000087740

1. Entity Name

KEVIN'S TOP NOTCH LAWN, INC.



Principal Place of Business

**5826 ROCKHAMMER CT
JACKSONVILLE FL 32234**

Mailing Address

**5826 ROCKHAMMER CT
JACKSONVILLE FL 32234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0100965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THIGPEN, KEVIN L

5826 ROCKHAMMER CT

JACKSONVILLE FL 32234

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PD** ☐ Delete
NAME **THIGPEN, KEVIN L**
STREET ADDRESS **5826 ROCKHAMMER CT**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Thigpen 7/24/03

Date

Daytime Phone #

CFR2E034 (4/03)

Attachment

90146321
#P02000087740

To: FL Dept of State

Dear Sirs:

Please find enclosed my check for
\$150⁰⁰ representing my corporations 2003
filing fee.

I respectfully request ~~Abatement~~
of the penalty as I never received a
prior Corporate report. And I just incorporated
in September 2002. I didn't receive a
Form In January and I didn't know
to look for one or even ask for one.

Your help in this matter is
Greatfully Appreciated

Kevin's Top Notch Lawns

by ~~Ken~~ Jim, President