

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90129 007 ***150.00

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DOCUMENT # P02000091150

1. Entity Name
MARIVEL DIMAS LAWN SERVICE, INC.



Principal Place of Business
708 PROSPECT AVENUE
LEHIGH ACRES FL 33936

Mailing Address
708 PROSPECT AVENUE
LEHIGH ACRES FL 33936



2. Principal Place of Business
719 Plumosa Ave
Suite, Apt. #, etc.

3. Mailing Address
719 Plumosa Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LEHIGH ACRES FL

City & State
LEHIGH ACRES FL

Zip 33936 **Country** US

Zip 33936 **Country** US

4. FEI Number
65-0811086

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIMAS, MARIVEL
708 PROSPECT AVENUE
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent.

Name
MARIVEL DIMAS

Street Address (P.O. Box Number is Not Acceptable)
719 PLUMOSA AVENUE

City LEHIGH ACRES **FL** **Zip Code** 33936

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 *Marivel Dimas* **DATE** 1-20-03

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, 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	D DIMAS, MARIVEL 708 PROSPECT AVENUE LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMAS, MARIVEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 719 PLUMOSA AVENUE LEHIGH ACRES, FL. 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marivel Dimas* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** 1-20-03 **Daytime Phone #**

CR2E034 (10/02)