

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90058 026 \*\*\*150.00

**DOCUMENT # P02000091423**

1. Entity Name  
**SCHRAG LAWN CARE, INC.**



Principal Place of Business  
**5631 ANTOINETTE ST.  
SARASOTA FL 34232**

Mailing Address  
**5631 ANTOINETTE ST.  
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

**910 Tangled Oaks Dr.**  
Suite, Apt. #, etc.

**910 Tangled Oaks Dr.**  
Suite, Apt. #, etc.

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

4. FEI Number  
**55-0794170**

Applied For  
Not Applicable

Zip  
**34232**

Country  
**USA**

Zip  
**34232**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRAG, RYAN J  
5631 ANTOINETTE ST.  
SARASOTA FL 34232**

Name  
**Ryan J. Schrag**  
Street Address (P.O. Box Number is Not Acceptable)  
**910 Tangled Oaks Dr.**  
City  
**Sarasota** FL Zip Code  
**34232**

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 **Ryan J. Schrag - President** DATE **3-31-03**  
Signature, type, or printed name of registered agent and fee, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHRAG, RYAN J</b> <b>5631 ANTOINETTE ST.</b> <b>SARASOTA FL 34232</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHRAG, KIMBERLY S</b> <b>5631 ANTOINETTE ST.</b> <b>SARASOTA FL 34232</b>	<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	<b>P</b> <b>Ryan J. Schrag</b> <b>910 Tangled Oaks Dr.</b> <b>Sarasota FL 34232</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kimberly S. Schrag</b> <b>910 Tangled Oaks Dr.</b> <b>Sarasota FL 34232</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: **Ryan J. Schrag - President** DATE **3-31-03** (941) 371-3876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)