

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000096326

FILED
Mar 26, 2003
Secretary of State

Entity Name: CMP LAWN SERVICE, INC.

Current Principal Place of Business:

PO BOX 7648
SEMINOLE, FL 33775

New Principal Place of Business:

Current Mailing Address:

PO BOX 7648
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 02-0641200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUSEN, STEPHEN C
12346 114TH ST., NORTH
LARGO, FL 33778

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAUSEN, STEPHEN C
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

Title: T () Delete
Name: CLAUSEN, LISA A
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

Title: S () Delete
Name: DIFLAVIS, PASQUALE G
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

Title: V () Delete
Name: CRAIN, MATHEW W
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DIFLAVIS, PASQUALE G
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

Title: S (X) Change () Addition
Name: CRAIN, MATHEW W
Address: PO BOX 7648
City-St-Zip: SEMINOLE, FL 33775

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE G. DIFLAVIS

V

03/26/2003

Electronic Signature of Signing Officer or Director

Date