

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90185 014 \*\*\*150.00

**DOCUMENT # P02000098316**

**1. Entity Name**  
**HOWARD'S LAWN & MAINTENANCE SERVICE, INC.**



**Principal Place of Business**  
10515 SW 161 TERR  
MIAMI FL 33157

**Mailing Address**  
10515 SW 161 TERR  
MIAMI FL 33157

55041400



**2. Principal Place of Business**

**3. Mailing Address**  
PO Box 973132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**City & State**  
MIAMI FLA.

**4. FEI Number**  
X 06-1646956

**Applied For**  
Not Applicable

**Zip** **Country**

**Zip** **Country**  
33197 USA

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**BERNARD, ANTHONY**  
9032 SW 152 ST  
MIAMI FL 33157

**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 \$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** **P** ☐ Delete  
**NAME** **DIXON, HOWARD**  
**STREET ADDRESS** **10515 SW 161 TERR**  
**CITY-ST-ZIP** **MIAMI FL 33157**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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: V. SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)