FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 20

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90034 017 ***150.00

DOCUMENT # P02000098849

1. Entity Name
JOHN PALUMBO LAWN CARE INC

90130734

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11865 MOUNTAIN ASH Rd E	P.O. BOX 56912
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL 32223	City & State: JACKSONVILLE FL 32241
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 05-0533039 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN A. PALUMBO

Street Address (P.O. Box Number is Not Acceptable): 11865 MOUNTAIN ASH Rd E.

City: JACKSONVILLE FL Zip Code: 32223

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: Cheyanne L Palumbo, V.P. DATE: 5-1-03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	P
NAME	PALUMBO, JOHN A.
STREET ADDRESS	11865 MOUNTAIN ASH. Rd E.
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP
NAME	PALUMBO, CHEYANNE L.
STREET ADDRESS	11865 MOUNTAIN ASH Rd. E.
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cheyanne Palumbo V.P. 5-1-03 (904) 334-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #