

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90320 030 \*\*\*150.00

0027388 AV

**DOCUMENT # P02000118959**

1. Entity Name

**YOUR KIND OF LAWN CARE SERVICE NEW CORP.**



Principal Place of Business

**2320 N. 69TH AVE.  
HOLLYWOOD FL 33024**

Mailing Address

**2320 N. 69TH AVE.  
HOLLYWOOD FL 33024**

**10111420**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3718657**

Applied For

Not Applicable

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

**MITCHELL, THOMAS D  
2320 N. 69TH AVE.  
HOLLYWOOD FL 33024**

Name

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

City

**FL**

Zip Code

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 MITCHELL, THOMAS D 2320 N. 69TH AVE. HOLLYWOOD FL 33024</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**

**THOMAS D MITCHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/2003 954 966 6018**

Date Daytime Phone #

CR2E034 (4/03)

Attachment  
10111420  
PO2000118959

September 02, 2003

Your Kind of Lawn Care Service New Corp  
2320 N. 69th Ave  
Hollywood, FL 33024

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT SECTION  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir\Madam:

I respectfully request waiver of the \$400  
penalty for late filing of the Uniform Business  
Report.

This is my first year with this entity and  
I did not receive a report prior to the one that  
is now enclosed.

Please find my check for \$150 enclosed; I  
thank you for your kind consideration to this matter.

Very truly yours,

*Thomas D Mitchell Pres*

Thomas Mitchell, President