05-02-2003 90143 004 ***150.00

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000120276 P02000120276 FILED **DOCUMENT #** 1. Entity Name FANTASTIC LAWNS, INC. JUN -9 PM 12: 31 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 16758 67TH COURT NORTH 16758 67TH COURT NORTH LOXAHATCHEE FL 33470. LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, SUSAN E Street Address (P.O. Box Number is Not Acceptable) 16758 67TH COURT NORTH LOXAHATCHEE FL 33470 City Zin 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition Delete GARCIA, SIDNEY A. garcia, sidney a 🎨 NAME NAME ٠. 16758 67 COURT NORTH 16758 67TH COURT NORTH STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHER, FL 33470 VPD Delete Change ☐ Addition TITI F TITLE GARCIA, SUSAN E. 16758 67 # COURT NORTH NAME GARCIA, SUSAN E NAME 16758 67TH COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP LOXAHATCHEE, EL Change TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-21P ☐ Addition TITLE ☐ Detete Change | Á, TITLE TS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE ☐1 Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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