

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90072 005 ***150.00

0128816 AT

DOCUMENT # P02000124404

1. Entity Name

SOUTHERN HOSPITALITY LAWN SERVICE, INC.



Principal Place of Business

**4150 SKYWAY DRIVE
COCOA FL 32927**

Mailing Address

**4150 SKYWAY DRIVE
COCOA FL 32927**

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

41-2069855

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

**CHILDERS, BONNIE
1445 W. KING STREET
COCOA FL 32922**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
WELCH, ELIZABETH V
3229 ERICA STREET
COCOA FL 32926**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
COX, ROBERT B
4150 SKYWAY DRIVE
COCOA FL 32927**

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

ESIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03

Date

321-636-4332

Daytime Phone #

CR2034 (4/03)

Attachment

801381046

#P02000124404

To Whom it may concern;

Southern Hospitality Lawn Service, Inc. did not receive a prior notice indicating such fees or deadlines other than the enclosed notice. I read the instructions/information with this notice and understand if a prior notice was not received, the \$550.00 fee could be waived if the original \$150.00 was paid. Enclosed please find our check for \$150.00. I hope this will be sufficient to keep our business up to date.

Sincerely,

Elizabeth V. Welch/President of Southern Hospitality Lawn Service, Inc.

4150 Skyway Dr.

Cocoa, Fl. 32927

Elizabeth V. Welch

8/8/03