

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

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90166 042 \*\*\*150.00

0096800 AV

**DOCUMENT # P02000128707**

1. Entity Name

**PATZ LAWN SERVICE I, INC.**



Principal Place of Business

**7384 COCONUT DRIVE  
LAKE WORTH FL 33467**

Mailing Address

**7384 COCONUT DRIVE  
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0063860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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  
PATZ, EGON  
7384 COCONUT DRIVE  
LAKE WORTH FL 33467**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
BUBBLO, MICHAEL  
7384 COCONUT DRIVE  
LAKE WORTH FL 33467**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

**EGON PATZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-10 3619680454**

CR2E034 (4/03)

~~Attachment~~

90151009  
P02000128707

JAMES J. DONOVAN, C.P.A., P.A.  
3830 JOG ROAD  
LAKE WORTH, FL. 33467  
PHONE (561) 641-9550 FAX (561) 641-4781

JULY 29, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

~~RE: PATZ LAWN SERVICE, INC.~~  
DOCUMENT # P02000128707

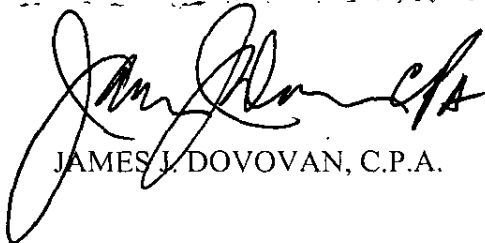
DEAR SIR OR MADAME;

PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES  
REGARDING THE LATE FILING OF THIS RETURN.

1. THE TAXPAYER DID NOT RECEIVE THE ANNUAL REPORT AND HAD NO KNOWLEDGE THAT AN ANNUAL REPORT WAS REQUIRED.
2. THEREFORE, WE BELIEVE REASONABLE CAUSE EXISTS FOR YOU WAIVING THE ASSESSED PENALTY.
3. IF YOU HAVE ANY QUESTIONS ON THE ABOVE, PLEASE FEEL FREE TO CONTACT OUR OFFICE.

THANK YOU FOR YOUR COOPERATION.

SINCERELY,



JAMES J. DOVOVAN, C.P.A.