

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90396 039 ***150.00

DOCUMENT # P03000083253

1. Entity Name

WEST BROWARD LAWNS, INC.



Principal Place of Business

2339 CORDOBA BEND
WESTON FL 33327

Mailing Address

2339 CORDOBA BEND
WESTON FL 33327

66419248



MOORE CR2E034 (11/03)

2. Principal Place of Business

10730 NW 14 ST

Suite, Apt. #, etc.
#173

3. Mailing Address

9715 West Broward Blvd.

Suite, Apt. #, etc.
#199

City & State

Plant. FL

City & State

Plant. FL

4. FEI Number

371472416

Applied For

Not Applicable

Zip
33322

Country
US

Zip
33324

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, MICHAEL H ESQ
3832 N UNIVERSITY DR
SUNRISE FL 33351

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 \$150.00

After May 1, 2004 Fee will be \$550.00

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
President
David Lipson
10730 NW 14th St. #173
Plantation FL 33322

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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:

David Lipson President 4-4-04 954-336-8710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #