

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 026 ***150.00

DOCUMENT # p03000102710	
1. Entity Name The Lawn Doctors of Osceola, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2403 PLACETAS COURT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State	
Zip 34743	Country	Zip	Country

40084875

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0742324		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LILLIAN D MORALES	
Street Address (P.O. Box Number is Not Acceptable) 2403 PLACENTA COURT	
City KISSIMMEE	Zip Code 34743

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 Lillian Morales 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LILLIAN D MORALES 2403 PLACENTA COURT KISSIMMEE FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lillian Morales 4-20-07 (407) 334-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**