FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 21, 2005 8:00 am
Secretary of State
05-23-2005 90001 021 ***150.00

DOCUMENT # P04000028412

1. Entity Name
LAMBERT'S LAWN PRO, INC.

DO NOT WRITE IN THIS SPACE

66023592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4030 PACKARD AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud FL	City & State:
Zip: 34772 Country: OSCEOLA	Zip: Country:

4. FEI Number: 16-1694777 ☐ Applied For ☐ No. Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WALTER R. ROSKA Jr

Street Address (P.O. Box Number is Not Acceptable): 4030 PACKARD AVE

City: St. Cloud FL Zip Code: 34772

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: Walter R Roska Jr

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALTER R. ROSKA, Jr. (PRES) 4030 PACKARD AVE St. Cloud, FL 34772	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NANCY J. ROSKA (VP) 4030 PACKARD AVE St. Cloud, FL 34772	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: Walter R Roska Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)