

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

ATX1

**FILED**

09 MAY -6 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P08000035258
<b>1. Entity Name</b> TOP NOTCH LAWN CARE OF ORLANDO INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4507 CRICHTON LANE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4507 CRICHTON LANE Suite, Apt. #, etc.
<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32086	<b>Country</b>

<b>4. FEI Number</b> 59-3695039	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> DAROLD INGRAM
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4507 CRICHTON LANE
<b>City</b> ORLANDO
<b>State</b> FL
<b>Zip Code</b> 32086

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**  **DAROLD INGRAM** **4/28/2009**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1<sup>st</sup> 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.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> DAROLD INGRAM 4507 CRICHTON LANE ORLANDO, FL. 32086	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	800155533678 09/06/09 01023 006 **150.75
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

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:**  **DAROLD INGRAM** **4/28/2009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #