2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9200009146 1. Entity Name JIM'S LAWN SPRAY SERVICE, INC.						Secretary of State 08-20-2001 90069 006 ***550.00			
Principal Place of Business 1039 OLD BIG TREE ROAD DAYTONA BEACH FL 32119		Mailing Address 1039 OLD BIG TREE ROAD DAYTONA BEACH FL 32119							
2. Principal F	Place of Business	3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	4. FEI Number 59-3413810 Applied For Not Applicable			
Zip	Country	Zip	Country		5.	rtificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current i	Registered Agent	<u></u>	, .	7ا	Name and Address of New Registered	Agent		
MURRAY, JAMES B JR 1039 OLD BIG TREE ROAD DAYTONA BEACH FL 32119				Street Addre	ess (P.O. Box Number is Not Acceptable)				
È			City	FL Zip Code			e	-	
Tax filing (See crite	Signature, typed or printed name of registered agent a cration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After September 12 Make Check Payab	!! FEE !, 2001	Fee will be \$7	50.00	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND [DIRECTORS	12.		AC	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, JAMES B JR 1039 OLD BIG TREE ROAD DAYTONA BEACH FL	□ Delete		I			☐ Change	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, JOHN C 1039 OLD BIG TREE RD DAYTONA BCH FL	☐ Delete					☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIGLIACAMPI, JOANNE M 1039 OLD BIG TREE RD DAYTONA BCH FL	□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS - ST- ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the conchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address w	his filing does not qualify for the and accurate and that n vered to execute this repor- ith all other like empowered.	the exer signat as requir	mption stated in ure shall have the red by Chapter	Section he same 607, Flori	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I a da Statutes; and Ibat my name appears i	tify that the in am an officer n Block 11 or	formation or director Block 12 if	}