

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90029 040 ***150.00

0013259 AV

DOCUMENT # P92000009146

1. Entity Name

JIM'S LAWN SPRAY SERVICE, INC.

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 Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3413810**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MURRAY, JAMES B JR
1039 OLD BIG TREE ROAD
DAYTONA BEACH FL 32119****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE: **PD** ☐ Delete
NAME: **MURRAY, JAMES B JR**
STREET ADDRESS: **1039 OLD BIG TREE ROAD**
CITY-ST-ZIP: **DAYTONA BEACH FL**TITLE: **V** ☐ Delete
NAME: **MURRAY, JOHN C**
STREET ADDRESS: **1039 OLD BIG TREE RD**
CITY-ST-ZIP: **DAYTONA BCH FL**TITLE: **ST** ☐ Delete
NAME: **PIGLIACAMPI, JOANNE M**
STREET ADDRESS: **1039 OLD BIG TREE RD**
CITY-ST-ZIP: **DAYTONA BCH FL**TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 (386) 788-2620

CR2E034 (9/01)