

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90219 024 ***150.00

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3413810

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, JAMES B JR
1039 OLD BIG TREE ROAD
DAYTONA BEACH FL 32119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PD MURRAY, JAMES B JR 1039 OLD BIG TREE ROAD DAYTONA BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MURRAY, JOHN C 1039 OLD BIG TREE RD DAYTONA BCH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PIGLIACAMPI, JOANNE M 1039 OLD BIG TREE RD DAYTONA BCH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE: *(Signature)* **James B. Murray** / 1/14/03 (386) 788-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)