2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012567 1. Entity Name LAWN CARE U.S.A., INC.					Secretary of State 02-06-2002 90004 020 ***158.75			
Principal Place of Business Mailing Address 20726 SW 120TH CT P.O. BOX 570876 MIAMI FL 33177 MIAMI FL 33257						·		
		•						
2. Principal Place of Business 3. Mailing Address 25050 SW 157 AVE P.D. BOX 570876								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Gity & State	stead, Florida		<i>Elorida</i>	4. F	El Number 65-0939130	 	plied For t Applicable	
3303		33a57	USA Country		Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent	Name	7. N	ame and Address of New Registered	Agent		
PARKER FARI				s (P.O. B	ox Number is Not Acceptable)			
20726 SW 120TH CT MIAMI FL 33177								
INICUMN I C			City		FI	Zip Code		
A The above	named entity submits this statement for the	ne purpose of changing its i	registered office or regis	stered age		<u>- </u>		
•	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible	FILE NOW!	Registered Agent signature requirements \$150.00		nstating) DATE 10. Election Campaign Financing	\$5.0	0 May Be	
Tax filing i (See criter	2 Fee will be \$550.0 le to Department of \$		Trust Fund Contribution.		to Fees			
11.	OFFICERS AND DII		12.	ADI	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PARKER, EARL 20726 SW 120TH CT MIAMI FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition 9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SAID, IBIS 9330 SW 170 ST MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the core	Lecrtify that the information supplied with the on this report or supplemental report is trrporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	the exemption stated in signature shall have the	ne same k	egal effect as if made under oath; that I	am an officer	or director	

SIGNATURE:

SCOLUMISCE COULTERS Said.

1/21/02

186243-8989

Daytime Phone #