

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90051 026 \*\*\*150.00

**DOCUMENT # P93000040364**

1. Entity Name  
**THE LAWNMOWER DOCTOR, INC.**

Principal Place of Business <b>5110 COMMERCIAL WAY                  STE P                  SPRING HILL FL 34606                  US</b>	Mailing Address <b>5110 COMMERCIAL WAY                  STE P                  SPRING HILL FL 34606                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13132 Spring Hill Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>13132 Spring Hill Dr</b> Suite, Apt. #, etc.
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City & State <b>Spring Hill, FL</b>	City & State <b>Spring Hill, FL</b>
Zip <b>34609</b>	Zip <b>34609</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3195065</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASTIGLIONE, AGOSTINO  
 5110 COMMERCIAL HWY  
 STE P  
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent  
 Name **Castiglione, Agostino**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13132 Spring Hill Dr**  
 City **Spring Hill** FL Zip Code **34609**

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 *Agostino Castiglione* DATE 4-28-02  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT CASTIGLIONE, AGOSTINO 5110 COMMERCIAL HWY SPRING HILL FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CASTIGLIONE, JOANN 5110 COMMERCIAL HWY SPRING HILL FL <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CASTIGLIONE, AGOSTINO 13132 Spring Hill Dr Spring Hill, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Castiglione, Joann 13132 Spring Hill Dr. Spring Hill, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Agostino Castiglione* DATE 4-28-02 DAYTIME PHONE # 352-683-2482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)