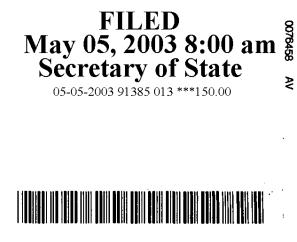
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044030

1. Entity Name PAUL BROWN'S LAWN MAINTEI						
Principal Place of Business 5853 ROUND LAKE ROAD APOPKA FL 32712 US	Mailing Address 5853 ROUND LAKE ROAL APOPKA FL 32712 US)				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State		-			
Zip · Country	Žip	Country				



2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI N	1 59-31894.34			pplied For ot Applicable		
Zip	Zip Country Zi		Zip	Zip Country		5. Certif	ficate of Status Desired		\$8.75 Add Fee Require	ditional	
	6. Namr	e and Address of Curre	nt Registered Agent			7. Name	e and Address of New R	legistered	Agent		
BROWN, PAUL				Name							
EGES DOUND LAVE DOAD					Street Address (P.O. Box Number is Not Acceptable)						
	FL 32712	· • • • • • • • • • • • • • • • • • • •		ļ							
<u> </u>		· f	`		City			FL			
	ations of regist		t for the purpose of chang		ed office or regis		·	orida, I am	familiar with,	and accept	
After	er May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department	t of State			9	9. Election Campaign Fir Trust Fund Contributio			00 May Be	
10.	73	OFFICERS AN	ND DIRECTORS	11.		ADDITIO	ONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOPKA I	UND LAKE ROAD	☐ Delete	name I stree					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BROWN, 5853 ROU APOPKA I	JND LAKE ROAD	☐ Delete	NAME STREE	i	200			Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		à	☐ Delete	NAME Stree	(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME Stree					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-Z1P			☐ Delete	NAME Stree	i i				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	NAME STREE	I				☐ Change	☐ 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 inclicated 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 trusted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (401)884-850