2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

P.O. BOX 7343

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

PORT ST. LUCIE FL 34985

P93000057881 DOCUMENT

1. Entity Name

P.O. BOX 7343

Principal Place of Business

PORT ST. LUCIE FL 34985

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

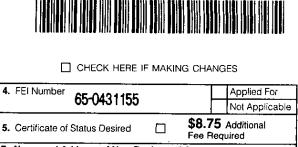
CAPITAL LAWN MAINTENANCE, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90116 004 ***150.00

100347**78**



PRINZ, BETH T 11 S. FEDERAL HWY. STUART FL 34994

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

9. Election Campaign Financing

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Trust Fund Contribution.

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.

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ľD TITLE TITLE ☐ Delete

NAME STREET ADDRESS CITY-ST-ZIP	EMERSON, MARY E 2333 S.E. SHELTER DR. PORT ST. LUCIE FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY-ST-ZIP 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7(P

TITLE

NAME STREET ADDRESS

TITLE

NAME

Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition