

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90144 017 \*\*\*150.00

DOCUMENT # **P94000018988**

1. Entity Name  
**LAWN BOYZ COMPLETE LAWN SERVICE, INC.**



Principal Place of Business  
**828 MORAVON AVE  
JACKSONVILLE FL 32211**

Mailing Address  
**828 MORAVON AVE  
JACKSONVILLE FL 32211**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3809 HERMITAGE RD E.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3809 HERMITAGE RD, E.**  
Suite, Apt. #, etc.

City & State  
**JAX FL.**

City & State  
**JAX FL**

4. FEI Number  
**59-3229043**

Applied For  
 Not Applicable

Zip  
**32277**

Country  
**DUVAL**

Zip  
**32277**

Country  
**DUVAL**

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**

**HAUSER, MICHAEL D  
828 MORAVON AVE  
JACKSONVILLE FL 32211**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PDST</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>HAUSER, MICHAEL D</b>     |                                 |
| STREET ADDRESS | <b>828 MORAVON AVE</b>       |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32211</b> |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>HAUSER, CHERYL E</b>      |                                 |
| STREET ADDRESS | <b>828 MORAVON AVE</b>       |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32211</b> |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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.

SIGNATURE: *Michael D. Hauser* **MICHAEL D. HAUSER** **4-21-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)