2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400064047

1. Entity Name

R J HOME REPAIR & LAWN CARE, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90482 009 ***150.00

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TEW, RANDALL J 271 BRIAN CIRCLE MARY ESTHER FL 32569 City FL Zip Code City FL Zip Code City FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. STONATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE RANDALL J 271 BRIAN CIRCLE MARY ESTHER FL Delete TITLE MARY ESTHER FL DELETE TORRESS DELETE TORRESS DELETE TORRESS DELETE	Zip			Country			
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	TOM DANDALL I			Name	Name		
Signature required when recessing St. 00 May Be Addition was a street Address Street Ad				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
B. 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 Synature, typed or printed name of registered agent and title if applicable.	MARY ESTHER FL 32569						
STGNATURE Signature, typed or pireted name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reincasting): DATE			_	City	FL	Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	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						
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2. 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		ertify that the information supplied wit	h this filing does not qualify f		ection 119 07(3)(i) Florida Statutes i further certi	fy that the information	

2. 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 attaching with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.J. TEW

3/14/03

(850)830-8659