

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90503 046 \*\*\*150.00

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**DOCUMENT # P94000086514**

1. Entity Name

**ANTONIO'S LAWN SERVICE INC.**



Principal Place of Business

**630 NE 59TH CT  
FT LAUDERDALE FL 33334  
US**

Mailing Address

**P.O. BOX 23700  
FT LAUDERDALE FL 33307  
US**

10000000



2. Principal Place of Business

**2030 NE 52 CT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE, FL**

City & State

Zip

Country

**USA**

Zip

Country

4. FEI Number

**65-0538767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NOLASCO, ANTONIO  
630 NE 59TH CT  
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name

**ANTONIO NOLASCO**

Street Address (P.O. Box Number is Not Acceptable)

**2030 NE 52 CT**

City

**FT LAUDERDALE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/03**

**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

TITLE **P** ☐ Delete  
NAME **NOLASCO, ANTONIO M**  
STREET ADDRESS **630 NE 59 CT**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **NOLASCO, ANTONIO M.**  
STREET ADDRESS **2030 NE 52 CT.**  
CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

*Antonio Nolasco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/03 954-344-4092**

CR2E034 (10/02)