

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90305 029 ***150.00

DOCUMENT # P95000000155

1. Entity Name
SOUTH LAWNS AND LANDSCAPE, INC.



Principal Place of Business
**27275 MILLER RD
DADE CITY FL 33525**

Mailing Address
**27275 MILLER RD
DADE CITY FL 33525**

2. Principal Place of Business

27275 Miller Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. 2326
Suite, Apt. #, etc.

City & State

Dade City, FL
Zip **33525** County **pasco**

City & State

Saint Leo, FL
Zip **33574** County **pasco**

4. FEI Number **59-3289681**

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

**MEADOWS, NORMA J
27215 W. MILLER RD.
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **DVT** ☐ Delete
NAME **MEADOWS, NORMA J**
STREET ADDRESS **27215 W. MILLER RD.**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **DP** ☐ Delete
NAME **KINNEY, DIANNA**
STREET ADDRESS **27215 W. MILLER RD.**
CITY-ST-ZIP **DADE CITY FL 33525**

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

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

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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: **DIANNA KINNEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-3-03** Daytime Phone # **332-588-4412**

CR2E034 (10/02)