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

P95000004237 DOCUMENT

1. Entity Name

FLORIDA MOWING AND LANDSCAPE SERVICE, INC.

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	COO NE TRO

FILED Aug 08, 2003 8:00 am Secretary of State

08-08-2003 90098 043 ***558.75

			00 WE TW				
Principal Plac	ce of Business	Mailing Address					
4410 ST 31		PO BOX 51-2115		ĺ			
PUNTA GORI	DA FL 33982	PUNTA GORDA FL 33951-21	15				
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2. Principal I	Place of Business	3. Mailing Address			1 \$50(1003 11# \$0501 0511) 50(11 00311 40 (11	Patti Abiri Alain Irban	
			_	_			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		-	☐ CHECK HERE IF MAI	KING CHANGES	
					- Great tere ii wat		
City & State		City & State		4.	FEI Number 65-0541184	Ap	plied For
				`	05 054 1 104	No	t Applicable
Zip -	· Country	Zip	Country = · · ·	~ ~ ~ . 5	Certificate of Status Desired	`~~\$8.75 Add	
		<u> </u>			Set timedice of cratical problems	. Fee Require	d
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registe	red Agent	
			Name				
WRIGHT,	CINDY S		Stroot Adds	ece (PO D	toy Number is Not Assentable)		i
2 4410 SR			Street Addr	ess (r.u. E	lox Number is Not Acceptable)		
	ORDA FL 33982						
FUNIA	IORUA FE 3030E						
•			City			FL Zip Code	Э
9 The above	e named entity submits this statement f	for the second of about in a large		-1-1			
	e named entity submits this statement i itions of registered agent.	for the purpose of changing its re-	gisterea office or reg	Jistered ag	ent, or both, in the State of Florida. I	am jamiliar with,	and accept
ino obliga							
SIGNATURE							
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	egistered Agent signature re	equired when re	einstating) D	ATE	
	ILE NOW!!! FEE IS \$550.00						
	eptember 10, 2003 Fee will be \$75	0.00			9. Election Campaign Financing		0 May Be
	k Payable to Florida Department				Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND	DIRECTORS	11.	АГ	I DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
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NAME	WRIGHT, CINDY S	- Delete	NAME			Orlange	Addition
STREET ADDRESS	4410 SR 31		STREET ADDRESS				
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NAME Street address		☐ Delete	TITLE			☐ Change	Addition
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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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP