

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90111 023 \*\*\*150.00

**DOCUMENT # P95000031604**

1. Entity Name

**DETAILED LAWNS BY MIKE, INC.**

Principal Place of Business

8112 S.W. 23RD STREET  
 NORTH LAUDEDALE FL 33068

Mailing Address

8112 S.W. 23RD STREET  
 NORTH LAUDEDALE FL 33068

2. Principal Place of Business

12105 NW 27 Drive  
 Coral Springs, FL 33065

3. Mailing Address

12105 NW 27 Drive  
 Coral Springs, FL 33065

City, State

Coral Springs, FL

City, State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

6. Name and Address of Current Registered Agent

FAMA, MICHAEL

8112 S.W. 23RD STREET

NORTH LAUDEDALE FL 33068

7. Name and Address of New Registered Agent

Name

12105 NW 27 Drive

City

Coral Springs

FL

Zip Code

33065

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.

SIGNATURE

*Michael Fama*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 - Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 -- Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	FAMA, MICHAEL	
STREET ADDRESS	8112 S.W. 23RD STREET	
CITY-ST-ZIP	NORTH LAUDEDALE FL 33068	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FAMA, USA	
STREET ADDRESS	8112 S.W. 23RD STREET	
CITY-ST-ZIP	NORTH LAUDEDALE FL 33068	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Fama*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2002 454  
 255-3855  
 Date Daytime Phone #

CR2E034 (9/01)