CR2E034 (9/01

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State P95000032987 DOCUMENT # 1. Entity Name 02-20-2002 90090 047 ***150.00 NADOTTI'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 3460 6TH AVENUE NE 3460 6TH AVENUE NE NAPLES FL 34120 NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0557602 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLECHA, KELLEY M Street Address (P.O. Box Number is Not Acceptable) 3460 6TH AVENUE NE NAPLES FL 34120 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Addition TITLE WUERFEL, JOHN W III NAME NAME 27844 TEMPLE TERRACE DR. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 33923** CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Change ☐ Addition TITLE ☐ Delete TITLE BLECHA, KELLEY M NAME 3460 6TH AVENUE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NADOTTI, JOSEPH NAME NAME 3460 6TH AVENUE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.