

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90290 034 \*\*\*150.00

**DOCUMENT # P95000039881**

1. Entity Name

**CR'S LAWN MAINTENANCE, INC.**

Principal Place of Business

Mailing Address

9432 ARBOL COURT  
LARGO FL 33773  
US9432 ARBOL COURT  
LARGO FL 33773  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 5987

P.O. Box 5987

City & State  
Clearwater FloridaCity & State  
Clearwater FLZip  
33765-5987Country  
U.S.AZip  
33765-5987Country  
U.S.A4. FEI Number **59-3320245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEA, RICHARD J  
9432 ARBOL COURT  
LARGO FL 34643Name  
Richard Shea, J  
Street Address (P.O. Box Number is Not Acceptable)  
7501 142nd Av. N. #604City  
Largo

FL

Zip Code  
33771

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 Richard Shea  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SHEA, RICHARD J  
9432 ARBOL CT  
LARGO FL 33773 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SHEA, CHRISTINE L  
9432 ARBOL CT  
LARGO FL 33773 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: Richard Shea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2001

Date

727535-7079

Daytime Phone #

CR2E034 (10/00)