

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0430079 AN

DOCUMENT # P95000045941

1. Entity Name

PALM & LAWN SERVICES INC.

04-10-2002 90661 015 ***150.00

Principal Place of Business

**3127 SLIGH AVE
 UNIT 302-B
 TAMPA FL 33614**

Mailing Address

**3127 SLIGH AVE
 UNIT 302-B
 TAMPA FL 33614**

2. Principal Place of Business

3127 W. Sligh Ave.

3. Mailing Address

3127 W. Sligh Ave.

Suite, Apt. #, etc.

Unit 302-B

Suite, Apt. #, etc.

Unit 302-B

City & State

Tpa. FL.

City & State

Tpa. FL.

4. FEI Number

59-3367613

☒ Applied For
☐ Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hills.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHREYS, WILLIAM R
 3127 W SLIGH AVE #302-B
 Y
 TAMPA FL 33-614Y**

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.

SIGNATURE

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 ☐ Delete
 NAME **0 HUMPHREYS, WILLIAM R**
 STREET ADDRESS **8206 ALMOND PLACE**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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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:

William R. Humphreys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 813-915-9312

Date

Daytime Phone #

CR2E034 (9/01)