

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90283 002 ***150.00

DOCUMENT # **P95000048373**

1. Entity Name
CLIP-A-LAWN, INC.



Principal Place of Business **9011 GREENBRIAR LN 9501 DANTEL DR**
PORT RICHEY FL 34668 NEW PORT RICHEY, FL 34654
Mailing Address **9501 DANTEL DR 34654**
PORT RICHEY FL 34668



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3320524**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAROL A SMITH

8922 ST REGIS LN

PORT RICHEY FL 34668

9501 DANTEL DR.
NEW PORT RICHEY FL.
34654

Name

CAROL A. SMITH

Street Address (P.O. Box Number is Not Acceptable)

9501 DANTEL DR.

NEW PORT RICHEY,

City

FL

Zip Code

34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol A. Smith CAROL A. SMITH

4-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **SMITH, RONALD W**
STREET ADDRESS **9011 GREENBRIAR LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **STD**
NAME **SMITH, CAROL A**
STREET ADDRESS **9011 GREENBRIAR LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE: **Carol A. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

771-841-9306

CR2E034 (10/02)