

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90047 019 ***150.00

DOCUMENT # P95000056135

1. Entity Name

FLORIDA LAWN & LANDSCAPE SERVICES, INC.

Principal Place of Business

**1621 SUMMERDALE DR
 CLEARWATER FL 33764
 US**

Mailing Address

**P.O. BOX 7002
 CLEARWATER FL 33758**

2. Principal Place of Business

1621 Summerdale Dr. South
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7002
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FLORIDA
 Zip Country
33764 USA

City & State

Clearwater, FLORIDA
 Zip Country
33758 USA

4. FEI Number

65-0597390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAILLANCOURT, JOHN
 1621 SUMMERDALE DRIVE
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

☒ 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**

☒ Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees ☐

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **VAILLANCOURT, JOHN**
 STREET ADDRESS **1621 SUMMERDALE DRIVE SOUTH**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VP** ☐ Delete
 NAME **VAILLANCOURT, KELLY**
 STREET ADDRESS **1621 SUMMERDALE DRIVE SOUTH**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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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 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:

Kelly Vaillancourt, VP
 Kelly Vaillancourt, VP

4/23/02

727-532-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)