

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90548 008 \*\*\*150.00

**DOCUMENT # P95000060583**

1. Entity Name  
**FAMILY LAWN CARE SERVICES, INC.**



Principal Place of Business  
**1102 ARIANA BLVD  
AUBURDALE FL 33823-2312  
US**

Mailing Address  
**1102 ARIANA BLVD  
AUBURDALE FL 33823-2312  
US**



2. Principal Place of Business  
**112 Deen Blvd.  
Suite, Apt. #, etc.  
Auburndale, Fl.  
City & State**

3. Mailing Address  
**112 Deen Blvd  
Suite, Apt. #, etc.  
Auburndale Fl.  
City & State**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3341772**

Applied For  
Not Applicable

Zip  
**33823**

Country  
**Polk**

Zip  
**33823**

Country  
**Polk**

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

## 6. Name and Address of Current Registered Agent

**HUGHES, DIANNE  
1102 ARIANA BLVD  
AUBURDALE FL 33823**

## 7. Name and Address of New Registered Agent

Name  
**Hughes, Dianne**  
Street Address (P.O. Box Number is Not Acceptable)  
**112 Deen Blvd**  
City  
**Auburndale** FL Zip Code  
**33823**

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, DIANNE 1102 ARIANA BLVD AUBURDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dianne Hughes** **SIGNATURE REQUIRED** **4-19-2003** **863-640-1892**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)