

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0054349 AV

DOCUMENT # P96000002976

1. Entity Name
PERFECT LAWN CARE, INC.

02-07-2002 90031 022 ***150.00

Principal Place of Business
737 BOULDER CREEK DRIVE
PENSACOLA FL 32514

Mailing Address
737 BOULDER CREEK DRIVE
PENSACOLA FL 32514



2. Principal Place of Business
8702 Chemstrand Rd
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 877
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Pensacola FL** **City & State** **Gonzalez FL** **4. FEI Number** **59-3356966** **Applied For**
Zip **32514** **Country** **USA** **Zip** **32560** **Country** **USA** **Not Applicable**

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

6. Name and Address of Current Registered Agent
POE, ROBERT S
737 BOULDER CREEK DRIVE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent
Name **Robert S. Poe**
Street Address (P.O. Box Number is Not Acceptable) **8702 Chemstrand Rd**
City **Pensacola FL** **FL** **Zip Code** **32514**

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 **Robert S. Poe** **Robert S. Poe** **President** **1-11-02**
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 ☐ **FILE NOW!!! FEE IS \$150.00**
Tax filing requirement and elects to do so. ☐ **After May 1, 2002 Fee will be \$550.00**
(See criteria on back) **Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, ROBERT S		NAME		
STREET ADDRESS	737 BOULDER CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Robert S. Poe** **1-11-02** **(334) 670-6452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)