## FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90057 025 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P96000003166

1. Entity Name

ADVANCED LAWN & LANDSCAPING SERVICE, INC.

ADVAI40	ED DAVIN & DANDSCAPIN	IG SERVIC	E, 1140.						
Principal Place of Business 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145 US		1104 N.	Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145 US						
2. Principal Place of Business 3. Mailing Address								BANKE BAKK 1888   -	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES		
City & Sta	te	City & S	City & State			4. FEI Number 65-0639906 Applied For			
Zip	Country	Zip Cou		Country	5.	5 Cartificate of Status Desired S8.75		ot Applicable ditional	
<u></u>	6. Name and Address of Currer	t Registered A		<del></del>	7.	Name and Address of New Registered Ag	ee Require	iq	
and the second s				Name	Name				
Greusel, Jamie B C/O Berry & Greuseld.				Street Addre	ss (P.O. l	Box Number is Not Acceptable)	·		
,	COLLIER BLVD.			-					
MARCO ISLAND FL 34145				City			Zip Cod	le	
	e named entity submits this statement tions of registered agent.	for the purpose	of changing its	registered office or regi	stered aç	gent, or both, in the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if analisada	lo (NOTI	E: Registered Agent signature rec	wired 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.		00 May Be	
10.	OFFICERS AN	D DIRECTORS		11.	Al	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNEKE, JOSEPH C/O BERRY & GREUSEL, 1104 MARCO ISLAND FL 34145	N. COLLIER	Delete BLVD	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNEKE, CARL C/O BERRY & GREUSEL, 1104 MARCO ISLAND FL 34145		, $\square$ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED BAME OF SIGNING OFFICER OR DIRECTOR DELECTION Date Date Daylime Phone #

0544966 AV

DEMAGES : AN