

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90629 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9000014442
1. Entity Name
ANGEL'S #1 LAWN SERVICE, INC.

90091821

Principal Place of Business
5590 S PINE ISLAND RD
DAVE, FL 33328

Mailing Address
5590 S PINE ISLAND RD
DAVE, FL 33328

2. Principal Place of Business
1941 SW 73rd Ave
DAVE, APT 9, etc.

3. Mailing Address
1941 SW 73rd Ave
DAVE, APT 9, etc.



CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
33317 Country
USA

City & State
Plantation, FL
Zip
33317 Country
USA

4. FEI Number
85-0843685

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

6. Name and Address of Current Registered Agent
MYRON, DIANE
5590 S PINE ISLAND RD
DAVE, FL 33328

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Applicable)
City FL Zip Code

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 _____ DATE _____

9. Election Campaign Financing \$8.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MYRON, DIANE 5590 S PINE ISLAND RD DAVE, FL 33328					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MYRON, DANIEL 5590 S. PINE ISLAND ROAD DAVE, FL 33328					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature lines have the same legal effect as if made under oath; that I am an officer or director of the corporation of the taxpayer or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an alternative filing address, with all other filers empowered.

SIGNATURE: _____ DATE: 3-3-03 (954) 583-9334

OFFICER (10/01/03)