

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90809 029 ***150.00

DOCUMENT # P96000026158

1. Entity Name
TOTAL HOME & LAWN CARE SERVICES, INC.



Principal Place of Business
**13700 CHAUNY ROAD
JACKSONVILLE, FL 32224**

Mailing Address
**13700 CHAUNY ROAD
JACKSONVILLE, FL 32224**

2. Principal Place of Business
313 Brookchase Lane W.
Suite, Apt. #, etc.

3. Mailing Address
← Same
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number
59-3366575

Applied For
Not Applicable

Zip
32225

Country
USA

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WHITE, JOHN T
43700 CHAUNY ROAD 313 Brookchase Lane W.
JACKSONVILLE, FL 32224 32225**

7. Name and Address of New Registered Agent

Name

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

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

Signature typed or printed name of registered agent and title if applicable.

(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
**P
WHITE, JOHN T
43700 CHAUNY RD 313 Brookchase Lane W
JAX, FL 32224 32225**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

904-626-9452
Daytime Phone #

CH2E034 (10/02)