FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR

FILED
Feb 23, 2006 08:00 AM
Secretary of State

UNIFORM BUSINESS REPORT (UBR)				Secretary of State	
DOCUMENT # P96000037959 1. Entity Name				Secretary	JI State
T Macs Lawn Services	inc				
		IN THIS S	PAGE		• • .
2. Principal Place of Business		3. Mailing Address			
624 N Indigo Road Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For 59-3359787 Not Applicable	
Altamonte Springs, FL	Country	Zip	Country	59-3359787	\$8.75 Additional
32714		***************************************		5. Certificate of Status Desired	Fee Required
			7. Nan Name	ne and Address of Current Regist	ered Agent
DO NOT WRITE		DITE	WHITTAKER, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 624 N. INDIGO RD		
					otable)
	Nillss	ACE		<u> </u>	
			City	g-r g	Zip Code
			ALTAMONTE SPRINGS S2714		
8. The above named	d entity submits this s	tatement for the purpos accept the obligations	e of changing its regulation in the contract of the contract o	stered office or registered agent, or	both, in the
	dili tattiiidi muu, sirs	accept are engagement	Of togiotores again		
SIGNATURE	ure, typed or printed name of	of registered agent and title if a	opticable. (NOTE: Regis	stered Agent signature required when reinstating	DATE
January 1: May 1 Fee is \$150:00 After May 1 Fee is \$650:00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS A	ND DIRECTORS	11.		
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	INHITTAKER DENI	VIS.1	TITLE		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Levis Muhable Devuis J Whittaker 2-20-06 407:2328658 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #