

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90201 009 ***150.00

DOCUMENT # P96000052277

1. Entity Name
LAWNS PLUS PROPERTY SERVICES, INC.

Principal Place of Business

1859 N. PINE ISLAND RD
SUITE 279
PLANTATION FL 33322

Mailing Address

1859 N. PINE ISLAND RD
SUITE 279
PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1844 N. Nob Hill Rd
Suite, Apt. #, etc. Suite 280
City & State Plantation, FL.
Zip 33322 Country USA

3. Mailing Address

1844 N. Nob Hill Rd.
Suite, Apt. #, etc. Suite 280
City & State Plantation, FL.
Zip 33322 Country USA

4. FEI Number **65-0681119** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

GUINTA, STEVE
1859 N PINE ISLAND ROAD
SUITE 279
PLANTATION FL 33322

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.

SIGNATURE

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 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUINTA, STEVE	
STREET ADDRESS	1859 N PINE ISLAND RD SUITE 279	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guinta, Steve	
STREET ADDRESS	1844 N. Nob Hill Rd. #280	
CITY-ST-ZIP	Plantation, FL - 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 9:21 444-6827
 Date Daytime Phone #

CR2E034 (9/01)