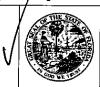
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061373

1. Entity Name

ALL MOWER, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90180 046 ***150.00

DO NOT WRITE IN THIS SPACE

and the contract of the second	a de la companya de				基		
Principal Place of Business 3. Mailing Address					~		
671	2 STIRLING ROAD	6712 STIRLING ROAD			22003405 DO NOT WRITE IN THIS SPACE		
Suite, Apt. #		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number	Applied For		
DA	VIE, FL	DAVIE, FL		65-0680945	Not Applicable		
Zip	Country	Zip	Coun	trv			
330	24 USA	33024	USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
					7. Name and Address of Current Regis	stered Agent	
				Name JOSE	EPH HERBERT		
	DO NOT W	RILE	Street Address (F		(P.O. Box Number is Not Acceptable)	D. Box Number is Not Acceptable)	
**	IN THIS SP	MCE		6712	STIRLING ROAD		
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· · · · · · · · · · · · · · · · · · ·				City		□ Zip Code	
• The above p	appeal active submits this statement for	v marine de la companya de la compa	Espera un	DAV	<u>IE</u>	□ ■ 33024	
the obligatio	iamed entity submits this statement to ins of registered agent.	r the purpose of changing it	s registere	a office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept	
		IOSE	РН НЕР	DEDT			
SIGNATURE _							
AN ORDANISC VALLENCE PERSONNEL	ignature, typed or printed name of registered agent a	ind title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)	DATE	
ΑΑ	iary 1 - May 1 Feè is \$150.00 Ater May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	## -2 N	Jane British Color	Allegation and the control of the co		
TITLE	P		TITLE	to the same to the same			
NAME	JOSEPH HERBERT		NAME		anana maka maka kara ka		
STREET ADDRESS	` 4774 NW 2ND PLACE		STREE	TADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-	ST-ZIP .			
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NAME	•	• • • • • • • • • • • • • • • • • • •	NAME		and the control of th		
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NAME			NAME				
STREET ADDRESS			STREET	ADDRESS			
CITY-ST-ZIP		<u> </u>	CITY-S	T-ZIP		The second secon	
TITLE			MILE				
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CITY-ST-ZIP			CITY_C	T. 710	the state of the s	Garage (1) 2 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	

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 analysis of the corporation of the corporation of 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 analysis of the corporation of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an analysis of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an analysis of the corporation of t

SIGNATURE:

JOSEPH HERBERT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 Date

954-964-4491

Daytime Phone #