

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90991 032 \*\*\*150.00

0287636 AV

**DOCUMENT # P96000091649**

1. Entity Name  
**WINSTON'S LAWN & TREE SERVICE, INC.**



Principal Place of Business  
**77 NW 135 ST  
NORTH MIAMI FL 33168**

Mailing Address  
**77 NW 135 ST  
NORTH MIAMI FL 33168**

2. Principal Place of Business  
**77 NW 135 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**77 NW 135 ST**  
Suite, Apt. #, etc.

City & State  
**NORTH MIAMI FL**  
Zip  
**33168**  
Country  
**USA**

City & State  
**NORTH MIAMI FL**  
Zip  
**33168**  
Country

4. FEI Number  
**65-0761251**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**EDMAN, WINSTON  
77 NW 135TH STREET  
MIAMI FL 33138**

**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 \_\_\_\_\_ (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  
**PD  
EDMAN, WINSTON  
77 NW 135TH STREET  
MIAMI FL 33138** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DWYER, OVRILL  
5580 NE 4TH CT, STE #2  
MIAMI FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:** Winston's Lawn & Tree Service, Inc. President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03 305 688-6999  
Date Daytime Phone #

CR2E034 (10/02)