

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 013 ***150.00

DOCUMENT # P97000004403

1. Entity Name

FIRST CLASS LAWN CARE OF BREVARD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

485 DEACON AVE NE

Suite, Apt. #, etc.

3. Mailing Address

485 DEACON AVE NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PAIM BAY FL

City & State

PAIM BAY FL

Zip

32907

Country

Zip

32907

Country

4. FEI Number

59-3423453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **McAllister William**

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

485 DEACON AVE NE

City **PAIM BAY**

FL

Zip Code **32907**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D McAllister William 485 DEACON AVE NE PAIM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William McAllister **WILLIAM McAllister 5/1/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)