

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90069 035 \*\*\*150.00

**DOCUMENT # P97000013882**

1. Entity Name  
**A & B LAWNBUSTERS LAWN SERVICES, INC.**

Principal Place of Business Mailing Address  
**7610 WESTWOOD DR PO BOX 771532**  
**APT 121 CORAL SPRINGS FL 33077**  
**TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7813 HAMPTON BLVD</b>		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-3426817</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>NORTH LAUDERDALE FLA</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>33068</b>	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>ACOSTA, ALBERTO</b> <b>8835 RAMBLEWOOD DRIVE, APT. 1612</b> <b>CORAL SPRINGS FL 33071</b>				7. Name and Address of New Registered Agent Name <b>ACOSTA, ALBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7813 HAMPTON BLVD</b> City <b>NORTH LAUDERDALE</b> <b>FL</b> Zip Code <b>33068</b>			
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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 DATE **4-15-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ACOSTA, ALBERTO</b> <b>8835 RAMBLEWOOD DRIVE, APT. 1612</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ACOSTA, MARIA MARGARIT</b> <b>8835 RAMBLEWOOD DRIVE, APT. 1612</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUENO, WALTER</b> <b>8835 RAMBLEWOOD DRIVE, APT. 1612</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUENO, PERLA</b> <b>8835 RAMBLEWOOD DRIVE, APT. 1612</b> <b>CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

**SIGNATURE: SIGNATURE REQUIRED** **4-15-02** **954-721-7299**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)