

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90318 046 \*\*\*150.00

**DOCUMENT # P97000053206**

1. Entity Name  
**WEE-KARE LAWN MAINTENANCE, INC.**

Principal Place of Business  
**3065 N.W. 71ST AVENUE**  
**MARGATE FL 33063**

Mailing Address  
**3065 N.W. 71ST AVENUE**  
**MARGATE FL 33063**



2. Principal Place of Business  
**9581 NW 48 MA.**

3. Mailing Address  
**9581 NW 48 MA.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Coral Springs FL.**

City & State  
**Coral Springs FL**

4. FEI Number **65-0763615** Applied For  Not Applicable

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

Zip **33076** Country **Broward** Zip **33076** Country **Broward**

6. Name and Address of Current Registered Agent  
**ALTAMURA, LORENZO M**  
**3065 N.W. 71ST AVENUE**  
**MARGATE, FL 33063**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9581 NW 48 MA.**  
 City **Coral Springs** **FL** Zip Code **33076**

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 **4/14/2**

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.

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALTAMURA, LORENZO M</b> <b>3065 NW 71ST AVE</b> <b>MARGATE FL 33063</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
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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)(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 fees empowered.

SIGNATURE: DATE **4/16/2** DAYTIME PHONE # **954 255 7697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11000423 AV

CR2E034 (9/01)