## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 21, 2002 8:00 am**
**Secretary of State**
03-26-2002 90030 037 ***150.00

**DOCUMENT #**  **P97000054850**

1. Entity Name

LAWNS OF LAUDERDALE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6146 HOGAN CR RD | 6146 HOGAN CR RD |
| MARGATE FL 33063 | MARGATE FL 33063 |
| US | US |

— 24411

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | **4. FEI Number** 65-0763645 | Applied For / Not Applicable |
| Zip / Country | Zip / Country | **5. Certificate of Status Desired** ☐ | **$8.75** Additional Fee Required |

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

RASKU, KENNETH R
6146 HOGAN CR ROAD
MARGATE FL 33063

**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.

SIGNATURE _____ *Kenneth Rasku, President*  1-05-02

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) ☐

**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: D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME: RASKU, KENNETH R | | NAME | |
| STREET ADDRESS: 6146 HOGAN CR ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP: MARGATE FL 33063 | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (9/01)

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: _____ *President*  4-2-02  954 9569173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #