2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072918

1. Entity Name
B+K'S LAWN CARE INC

FILED
06 MAY -3 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900074508039
05/12/06--01009--002 **150.00

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3232 57TH ST N	SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: ST. PETERSBURG, FL	City & State	4. FEI Number: 59-3463003
Zip: 33710 County: PINELLAS	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: BRAUER, KENNETH

Street Address (P.O. Box Number is Not Acceptable): 3232 57TH ST N.

City: ST. PETERSBURG FL Zip Code: 33710

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing) DATE

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	PVST BRAUER, KENNETH 3232 57TH ST N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$25.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Brauer 4-29-06 727-365-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #