2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000086603**

1. Entity Name

GREEN VALLEY LAWN CARE AND TERMITE, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90212 043 ***150.00

Principal Place of Business 6531 43RD ST N. UNIT 1611		Mailing Address 6531 43RD ST N. UNIT 1611									
PINELLAS PARK FL 33781		PINELLAS PARK FL 33781				1 181838			DH ib d hùi n dhuir		
US		US									
2. Principal Place of Business		3. Mailing Address						9 6113 8 9 221 8 9219 1 1	OIIO OILIO OEIII	8 81 8 \$ 1669 1 8 8 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				59°347 1339 - - - - - - 			oplied For ot Applicable	,	
Zip	Country	Zip		Country		5. Certificate of	of Status Desired		\$8.75 Add]
	6. Name and Address of Current	Registered Age	nt			7. Name and	Address of New				1
				Name							7
	PH, STEVEN		Street Address			(P.O. Box Number is Not Acceptable)					+
1104 FOI	RRESTER COURT			0						···	╛
NEW PO	RT RICHEY FL 34655										1
${\cal F}$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City			*************************************	FL	Zip Cod	e	1
	e named entity submits this statement for tions of registered agent.	the purpose of	changing its reg	istered office or	registere	d agent, or both	, in the State of F	lorida. I am fa	amiliar with,	and accept	1
ujo obliga						•					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	' /NOTE: Bor	gistered Agent signati	ure required v	when reinstation)		DATE			
			7.10.10.103	good of Figure 19 grade		- I I I I I I I I I I I I I I I I I I I					-
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9. Elec	tion Campaign F		\$5.0	0 May Be	}
	k Payable to Florida Department of	State				Trus	t Fund Contribution	on.	Added	I to Fees	
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	\dashv
TITLE	PS OF TOUR AND C		Delete	TITLE		7.55(11011070	WW. W. C.	110211071110	Change	Addition	18
NAME	RANDOLPH, STEVEN A		J GOIGIG	NAME							
STREET ADDRESS	1104 FORRESTER COURT			STREET ADDRESS							
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			CITY-ST-ZIP							_] {
TITLE	VPT		Delete	TITLE					☐ Change	☐ Addition	18
NAME	RANDOLPH, CYNTHIA			NAME							
STREET ADDRESS	1104 FORRESTER COURT NEW PORT RICHEY FL 34655			STREET ADDRESS							
CITY-ST-ZIP	NEW PORT RICHET PL 34033			CITY-ST-ZIP							7
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NAME				NAME						_	
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CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME CIRCEL ADDRESS							1
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
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STREET ADDRESS				STREET ADDRESS							1
CITY-ST-ZIP				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 trate 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURÉ

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1 03 506-75 Daytime Phone #