2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3190 TOHOPEKALIGA DRIVE ST CLOUD FL 34772

DOCUMENT # P97000100425

1. Entity Name

Principal Place of Business

3190 TOHOPEKALIGA DRIVE

ST CLOUD FL 34772

PROFESSIONAL LAWN AND LANDSCAPING SERVICES INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90170 034 ***150.00

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Suite, Apt. #, etc. Guite, Apt. #, etc.					
City & State City & State City	2. Principal P	ace of Business	3. Mailing Address		
Special Country Zip Country Special Coun	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , ,	☐ CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent WHITE, JAYNE 3190 TOHOPEKALISA DRIVE ST CLOUD FL 34772 Sine accord named entity submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILLE WHITE, KEVIN STREET ADDRESS 3190 TOHOPEKALIGA DR STR	City & State	3	City & State		E0-2496196
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ST CLOUD FL 34772 3. 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 access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the product of registered agent, or both, in the State of Florida. I am familiar with, and access the product of registered agent, or both, in the State of Florida. I am familiar with, and access the product of registered agent, or both, and access the product of registered agent, or both, and access the product of registered agent, or both, and access the product of registered agent, or both, and access the pr	WHITE, JA	YNE			ss (P.O. Box Number is Not Acceptable)
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOMS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE WHITE, KEVIN 3190 TOHOPEKALIGA DR STREET ADDRESS STREET AD			or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce
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WHITE, KEVIN MANE STREET ADDRESS STRET ADDRE	After	May 1, 2003 Fee will be \$550.00	f State	- ".	9. Election Campaign Financing \$5.00 May Branch Trust Fund Contribution. Added to Fees
TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-S	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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	NAME STREET ADDRESS			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND A PEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2003

8696

Daytime Phone #