

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90040 023 ***150.00

DOCUMENT # P98000009857

1. Entity Name
HEATHERWOOD LAWN MAINTENANCE, INC.

Principal Place of Business
**99 BIRD OF PARADISE DR
 PALM COAST FL 32137**

Mailing Address
**P.O. BOX 351040
 PALM COAST FL 32135-1040**



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 **59-3496627**

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

7. Name and Address of New Registered Agent

**DUNCAN, DONALD W
 25 FLORIDA PARK DRIVE NORTH
 PALM COAST FL 32137**

Name **ANN F. VASCELLARO**
 Street Address (P.O. Box Number is Not Acceptable)
**99 BIRD OF PARADISE DR.
 PO BOX 351040**
 City **PALM COAST** FL Zip Code **32135**

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: **Ann F. Vascellaro** *Ann F. Vascellaro* **4/16/02**
*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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	VASCELLARO, ANN F	P O BOX 351040 PALM COAST FL 32135	<input type="checkbox"/> Delete			
	VP	VASCELLANO, JOSEPH JR.	P O BOX 351040 PALM COAST FL 32135	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: *Ann F. Vascellaro* **4/16/02** **386-445-5630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10401001

CF2E034 (9/01)