

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

FILED
Jul 23, 2004 8:00 am
Secretary of State

04-30-2004 90327 016 ***150.00

DOCUMENT # **P98000014335**

1. Entity Name

B.J. LAWN CARE, INC.



DO NOT WRITE IN THIS SPACE

66430484

2. Principal Place of Business

1504 E. Louisiana Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

4. FEI Number

74-2850758

Applied For

Not Applicable

Zip

33610

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Hugh O. Pruitt, Jr.

Street Address (P.O. Box Number is Not Acceptable)

4311 Bayside Village Dr Apt 302

City

Tampa, FL 33615

FL

Zip Code

33615

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

Hugh O. Pruitt, Jr.

Hugh O. Pruitt, Jr.

07/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 - Fee is \$580.00

Amended UBR is \$83.25

Make Check Payable to Florida Department of State

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
**President
Ang Faison
1504 E. Louisiana Ave Tampa, FL 33610**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Ang Faison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

Daytime Phone #

CR2E034B (12/02)