

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

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90092 046 \*\*\*150.00

DOCUMENT # P98000014335

1. Entity Name  
B. J. LAWN CARE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1504 E. Louisiana Ave

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Country

Zip  
33610

Country  
Hillsborough

DO NOT WRITE IN THIS SPACE

60037428

4. FEI Number  
74-2850758

Applied For  
☐ Not Applicable

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 Bayshore Village Dr. Apt 302

City  
Tampa, FL

Zip Code  
33615

**DO NOT WRITE IN THIS SPACE**

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 07/19/04

(NOTE: Registered Agent signature required when resigning)

January 1, May 1, Fee is \$150.00  
After May 1, Fee is \$500.00  
Amended UBR is \$85.25  
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	<u>President</u> <u>Ang Faison</u> <u>1504 E Louisiana Ave Tampa, FL 33610</u>
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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 4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)