


**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

60037428

2. Principal Place of Business
1504 E. Louisiana Ave
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State

Zip
33610

Country
Hillsborough

4. FEI Number
74-2850758

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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)
4316 Bayside Village Dr. Apt 302

City
Tampa, 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 07/19/04
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

January 1 Fee is \$150.00
April 1 Fee is \$50.00
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>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)