FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91787 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014858

1. Entity Name
DAVIE LAWNCARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14601 S.W. 21ST. STREET	14601 S.W. 21ST. STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL.	City & State: DAVIE, FL.
Zip: 33325 Country	Zip: 33325 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0837021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRIAN J. MOORE

Street Address (P.O. Box Number is Not Acceptable): 14601 S.W. 21ST. STREET

City: DAVIE FL Zip Code: 33325

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: X Brian Moore - REGISTERED AGENT, 4-24-03
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 $550.00
Amended UBR is $61.25
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	PVP, T, S, D
NAME	BRIAN MOORE
STREET ADDRESS	14601 SW. 21ST. STREET
CITY-ST-ZIP	DAVIE, FL. 33325

DO NOT WRITE IN THIS SPACE

CR2E034B (12/97)

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: Brian Moore BRIAN J. MOORE - PRESIDENT 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Exam Init.