

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90005 025 ***150.00

000387

DOCUMENT # P98000017921

1. Entity Name
THE LAWN RANGER NURSERY & LANDSCAPING, INC.

Principal Place of Business Mailing Address
~~3320 GREEN ACRES ROAD~~ **1660 SR 16** ~~3320 GREEN ACRES ROAD~~ **SAME**
 ST. AUGUSTINE FL ~~32084~~ **32084** ST. AUGUSTINE FL ~~32084~~ **32084**

2. Principal Place of Business 3. Mailing Address
1660 SR 16 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
St. Augustine FL
 Zip Country
32084

City & State
 Zip Country

4. FEI Number **59-3493659** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAGLER, KENNETH D
5 PALM ROW
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
AUDRANA FURNAL
 Street Address (P.O. Box Number is Not Acceptable)
1660 SR 16
 City State Zip Code
St. Augustine FL 32084

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 DATE **4.9.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	FURNAL, DAVID
STREET ADDRESS	3320 GREEN ACRES ROAD 8507 CROSSWINDS DR
CITY-ST-ZIP	ST. AUGUSTINE FL 32084 32092
TITLE	D <input type="checkbox"/> Delete
NAME	FURNAL, AUDRANA
STREET ADDRESS	3320 GREEN ACRES ROAD 8507 CROSSWINDS DR
CITY-ST-ZIP	ST. AUGUSTINE FL 32084 32092
TITLE	V <input type="checkbox"/> Delete
NAME	CHIVALETTE, ROBERT
STREET ADDRESS	3301 USINA RD
CITY-ST-ZIP	SAINT AUGUSTINE FL 32085 32084
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DATE **4.9.01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)