

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90974 024 ***150.00

DOCUMENT # P98000023509

1. Entity Name
A-1 LAWN CARE, INC.



Principal Place of Business
**1398 SW 4 STREET
SUITE 100
BOCA RATON FL 33486**

Mailing Address
**PO BOX 970261
COCONUT CREEK FL 33097-261**



2. Principal Place of Business

3470 W. Hillsboro blvd

3. Mailing Address

PO Box 970261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 202

☒ CHECK HERE IF MAKING CHANGES

City & State

Coconut Creek FL

City & State

Coconut Creek FL

4. FEI Number **65-0821716**

Applied For

Not Applicable

Zip

33073

Country

US

Zip

33097

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, BRENT
1398 SW 4 STREET
SUITE 100
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Welch, Brent**
Street Address (P.O. Box Number is Not Acceptable) **3470 W. Hillsboro blvd Apt 202**
City **Coconut Creek** FL Zip Code **33073**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WELCH, BRENT M**
STREET ADDRESS **PO BOX 970261**
CITY-ST-ZIP **COCONUT CREEK FL 33097-0261**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **2/28/03** **561-859-2221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)