FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90502 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026606

1. Entity Name

DUNN-RITE LAWN SERVICE, INC. ✓

Principal Place of Business	Mailing Address
1684 Cypress Avenue Suite #47 Melbourne, FL 32935	1684 Cypress Avenue Suite #47 Melbourne, FL 32935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1180 Rocksprings Drive	1180 Rocksprings Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32940 Country: US	Zip: 32940 Country: US

4. FEI Number: 59-3501589

5. Certificate of Status Desired ☐ $8.75 Fee Required

6. Name and Address of Current Registered Agent

TURCHAN, ANITA A
1684 CYPRESS AVENUE
SUITE #47
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: TURCHAN, ANITA A
Street Address (P.O. Box Number is NOT Acceptable): 1180 ROCKSPRINGS DRIVE
City: MELBOURNE FL Zip Code: 32940

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

9. This corporation is eligible to satisfy its intangible Tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete TURCHAN, ANITA A 1180 ROCKSPRINGS DRIVE MELBOURNE, FL 32940	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete TURCHAN, PAUL J 1180 ROCKSPRINGS DRIVE MELBOURNE, FL 32940	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐

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: Anita A. Turchan Anita A. Turchan
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR)