

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90006 036 \*\*\*150.00

DOCUMENT # **P98000028023**

1. Entity Name

**GLORIFIED LAWN CARE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**860 E. EVANSTON CIR.**

Suite, Apt. #, etc.

3. Mailing Address

**113 N. FEDERAL HWY.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FT. LAUDERDALE, FL.**

City & State

**DANIA BEACH, FL.**

4. FEI Number

**05-0827557**

Applied For

Not Applicable

Zip

**33312**

Country

Zip

**33004**

Country

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

**GERALD ADAMS**

Street Address (P.O. Box Number is Not Acceptable)

**113 N. FEDERAL HWY.**

City

**DANIA BEACH**

**FL**

Zip Code

**33004**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**- REVISED AGENT - GERALD ADAMS**

**4/29/02**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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	<b>P, V, T, S, D</b>
NAME	<b>ANTHONY RAYHNS</b>
STREET ADDRESS	<b>860 E. EVANSTON CIRCLE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33312</b>
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Anthony Rayhns - PRESIDENT** **4-29-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR