

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/05/03  
S885  
FP

DOCUMENT # P98000036674



1. Entity Name  
FLORIDA LAWN MANAGEMENT, INC.

Principal Place of Business  
6684-6 COLUMBIA PR DR S  
JACKSONVILLE FL 32258

Mailing Address  
6684-6 COLUMBIA PR DR S  
JACKSONVILLE FL 32258

2. Principal Place of Business  
3. Mailing Address  
3667 TORRE GRANDE AVE

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip 32257 Country USA

4. FEI Number 59-3507063  
Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL



## 6. Name and Address of Current Registered Agent

KRONE, BONNIE M  
3667 TORRE GRANDE DRIVE  
JACKSONVILLE FL 32257

Name

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

City

FL Zip Code

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

*Bonnie M Krone*  
Signature, typed or printed name of registered agent and title if applicable.

*1/22/03*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	V KRONE, JEFFERY S 3667 TORRE GRANDE DRIVE JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900011127639 01/28/03--01036--025 ***750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRONE, THOMAS D 3667 TORRE GRANDE DRIVE JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900011127639 01/28/03--01036--026 ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRONE, BONNIE M 3667 TORRE GRANDE DRIVE JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STATEMENT 02-03</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *BONNIE M KRONE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/03 904-519-1557*  
Daytime Phone #

CR2E034 (10/02)