

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90183 046 ***150.00

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DOCUMENT # P98000038476

1. Entity Name

YOUR PERSONAL TOUCH LAWN SERVICE, INC.

Principal Place of Business

**3509 27TH ST CT E
 BRADENTON FL 34208**

Mailing Address

**3509 27TH ST CT E
 BRADENTON FL 34208**

2. Principal Place of Business

1950 Northgate Blvd

3. Mailing Address

1950 Northgate Blvd

Suite, Apt. #, etc.

Suite D-1

Suite, Apt. #, etc.

Suite D-1

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234

Country

USA

Zip

34234

Country

USA

4. FEI Number

65-0780785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OSBORNE, SCOTT
 3509 27TH ST CT E
 BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name **Michele L Osborne**

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

1950 Northgate Blvd #D-1

City **SARASOTA,**

FL

Zip Code **34234**

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]

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 requirement 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 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **OSBORN, SCOTT**
 STREET ADDRESS **3509 27TH ST CT E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SCOTT Osborne**
 STREET ADDRESS **1950 Northgate Blvd #D-1**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **VP** ☒ Change ☒ Addition
 NAME **Michele L Osborne**
 STREET ADDRESS **1950 Northgate Blvd #D-1**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **P** ☐ Change ☒ Addition
 NAME **Robert Osborne**
 STREET ADDRESS **1950 Northgate Blvd #D-1**
 CITY-ST-ZIP **SARASOTA, FL 34234**

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

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

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michele L Osborne 1/15/02 941-360-0747

CR2E034 (9/01)