

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90004 024 ***150.00

DOCUMENT # P98000044369

1. Entity Name
SUMMERS LAWN CARE, INC.

Principal Place of Business

**137 PLACID DR
FORT MYERS FL 33919**

Mailing Address

**137 PLACID DR
FORT MYERS FL 33919**

2. Principal Place of Business

2728 COUNTRY CLUB BLVD

Suite, Apt. #, etc.

3. Mailing Address

OK

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

Zip

33904

Country

USA

Country

USA

4. FEI Number

65-0836754

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMITH, LARRY J
137 PLACID DR
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Julie Steele

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

2728 COUNTRY CLUB BLVD

City

CAPE CORAL

FL

Zip Code

33904

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

Julie A. Steele

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 **PD** ☒ Delete
NAME **SUMMERS, JOSEPH**
STREET ADDRESS **1420 SE 12TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VD** ☒ Delete
NAME **SMITH, BRANDEN**
STREET ADDRESS **1420 SE 12TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **SD** ☒ Delete
NAME **SMITH, CHERYL**
STREET ADDRESS **1420 SE 12TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **TD** ☒ Delete
NAME **SMITH, LARRY J**
STREET ADDRESS **137 PLACID DR**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **P/T/D COLIN STEELE**
STREET ADDRESS **2728 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33904-2866**

TITLE ☒ Change ☐ Addition
NAME **JULIE STEELE**
STREET ADDRESS **2728 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33904-2866**

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 of the same empowered.

SIGNATURE: *Julie Steele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

941-772-4470

Daytime Phone #

CR2E034 (9/01)