

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90135 036 ***150.00

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DOCUMENT # P98000051623

1. Entity Name
RUSSELL'S LAWN CARE, INC.



Principal Place of Business
3217 RIVER DR.
FORT PIERCE FL 34981

Mailing Address
3217 RIVER DRIVE
FORT PIERCE FL 34981



2. Principal Place of Business
6328 N.W. Dora Ct.

3. Mailing Address
6328 N.W. Dora Ct.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

☐ = CHECK HERE IF MAKING CHANGES.

City & State
Port St. Lucie FL

City & State
Port St. Lucie FL

4. FEI Number 65-0852000

Applied For
Not Applicable

Zip
34983

Country
USA

Zip
34983

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, RUSSELL
3217 RIVER DR
FORT PIERCE FL 34981

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 *Russell Williams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

~~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
P
WILLIAM, RUSSELL
3217 RIVER DR
FT PIERCE FL 34981 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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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:

Russell Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)