

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90191 027 ***150.00

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DOCUMENT # P98000052775

1. Entity Name

WILLIAM ECKERT LAWN MAINTENANCE, INC.



Principal Place of Business
**349 NORTHWEST 47TH STREET
FT LAUDERDALE FL 33309**

Mailing Address
**349 NORTHWEST 47TH STREET
FT LAUDERDALE FL 33309**

2. Principal Place of Business
2848 SW 13 CT

3. Mailing Address
2848 SW 13 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

4. FEI Number **65-0853461**

Applied For

Not Applicable

Zip
33442-5920

Country

Zip
33442-5920

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ECKERT, WILLIAM
349 NORTHWEST 47TH STREET
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2848 SW 13 CT

City **DEERFIELD BEACH** **FL** Zip Code **33442**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

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 ☐ Delete
NAME **ECKERT, WILLIAM**
STREET ADDRESS **349 NORTHWEST 47TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2848 SW 13 CT**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *William Eckert* *4/1/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)