

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90022 002 ***150.00

0041190 AV

DOCUMENT # P98000065848

1. Entity Name
BRIAN'S BETTER LAWNS & GARDENS, INC.

Principal Place of Business
15000 ORANGE RIVER RD
FORT MYERS FL 33905

Mailing Address
15000 ORANGE RIVER RD
FORT MYERS FL 33905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12340 ORANGE RIVER BL
 Suite, Apt. #, etc.

3. Mailing Address
12340 ORANGE RIVER BL
 Suite, Apt. #, etc.

City & State
FT. MYERS, FL
Zip
33905
Country
LEE

City & State
FT. MYERS, FL
Zip
33905
Country
LEE

4. FEI Number
65-0852400
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULLOY, GALE L
15000 ORANGE RIVER RD
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12340 ORANGE RIVER BL
City
FT. MYERS **FL** **Zip Code**
33905

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOY, PAT 15000 ORANGE RIVER RD FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLOY, BRIAN 15000 ORANGE RIVER RD FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLOY, GALE 15000 ORANGE RIVER RD FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12340 ORANGE RIVER BLVD FT. MYERS, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12340 ORANGE RIVER BLVD FT. MYERS, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12340 ORANGE RIVER BLVD. FT. MYERS, FL 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Gale L. Mulloy **GALE L. MULLOY** **1/6/02** **941-693-1347**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)