

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90069 020 \*\*\*150.00

0512894 AV

**DOCUMENT # P98000085340**  
 1. Entity Name  
**A-1 LAWN SERVICE, INC.**

Principal Place of Business <b>2015 8TH AVE WEST SUITE 78 PALMETTO FL 34221</b>	Mailing Address <b>1605 21ST ST WEST PALMETTO FL 34221</b>
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002981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1015 9th St. West</b>	3. Mailing Address <b>1611 21st St. West</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palmetto FL</b>	City & State <b>Palmetto FL</b>	4. FEI Number <b>65-0866155</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34221</b>	Country <b>MANATEE</b>	Zip <b>34221</b>	Country <b>MANATEE</b>

6. Name and Address of Current Registered Agent

**LEWIS, TIMOTHY W**  
**3233 6TH AVENUE WEST**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent

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.

SIGNATURE Timothy Wayne Lewis 1-6-02  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST LEWIS, TIMOTHY W 1605 21ST ST WEST PALMETTO FL 34221</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 any other like empowerment.

SIGNATURE: 1-6-02 941-729-7413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)