

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90027 013 ***150.00

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DOCUMENT # P98000096812

1. Entity Name
PERENNIAL LAWN CARE, INC.

Principal Place of Business
**1501 MEADOW DALE DRIVE
 CLEARWATER FL 33746**

Mailing Address
**1501 MEADOW DALE DRIVE
 CLEARWATER FL 33746**

2. Principal Place of Business

3. Mailing Address
3665 East Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 114 Ste 204

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33771-1965 Pinellas

4. FEI Number

59-3547199

Applied For

Not Applicable

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

**HOWLAND, PHILIP J
 1501 MEADOW DALE DRIVE
 CLEARWATER FL 33746**

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

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	PRES	<input type="checkbox"/> Delete
NAME	HOWLAND, PHILIP J	
STREET ADDRESS	1501 MEADOW DALE DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WORMHOOD, TIMOTHY R	
STREET ADDRESS	1489 DARTMOUTH DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	HOWLAND, BARBARA S	
STREET ADDRESS	1501 MEADOW DALE DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Philip J. Howland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Howland 4/4/02 (727) 421-5939
 Date Daytime Phone #

CR2E034 (9/01)