

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P98000107525

02 MAY -1 AM 10:44

1. Entity Name

GENE'S LAWN SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1371 Scottsdale Rd., West

3. Mailing Address
1371 Scottsdale Rd., West

Suite, Apt. #, etc.
West Palm Beach

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number
65-0884366

Applied For
Not Applicable

Zip
33417

Country
USA

Zip
33417

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Iraida Avila

Street Address (P.O. Box Number is Not Acceptable)
1371 Scottsdale Road, West

City
West Palm Beach

FL Zip Code
33417

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Juan R. Avila, Director
1371 Scottsdale Rd., West
West Palm Beach, FL 33417
JUAN R. AVILA, Director**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**300005556903--9
-05/17/02--01031--016
****150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Iraida Avila, Director/R.A.
1371 Scottsdale Rd., West
West Palm Beach, FL 33417**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 561/895-9400
Date Daytime Phone #

CR2E034B (12/01)