2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108394 1. Entity Name 03-06-2001 90362 039 ***150.00 EDWARD'S LAWN CARE, INC. Principal Place of Business Mailing Address 953 WOODGATE DRIVE 953 WOODGATE DRIVE PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3556358 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Bemired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REISS, EDWARD G Street Address (P.O. Box Number is Not Acceptable) 953 WOODGATE DRIVE PALM HARBOR FL 34685 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE REISS, EDWARD G NAME NAME STREET ADDRESS STREET ADDRESS 953 WOODGATE DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete ☐ Change Addition TILE TITLE NAME NAME SCHULZ, WALTER A STREET ADDRESS STREET ADDRESS 953 WOODGATE DRIVE CITY - ST- ZIP CITY-ST-7IP PALM HARBOR FL 34685 Delete - ___ TITLE . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information isignature shall have the same legal effect as if made under cath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trusfee empt wered to be secure this report anged, or on an attachment with an address with all other like empowers. ጉንጌ ዛልዋ CER OR DIRECTOR

Mar 06, 2001 8:00 am Secretary of State

