

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90334 048 \*\*\*150.00

**DOCUMENT # P99000001853**

1. Entity Name  
**R-LAWN SERVICE, INC.**

Principal Place of Business <b>2700 S.E. COVE ROAD STUART FL 34997-7704</b>	Mailing Address <b>2700 S.E. COVE ROAD STUART FL 34997-7704</b>
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2. Principal Place of Business <b>2602 SW 64<sup>th</sup> Ct</b>	3. Mailing Address <b>2602 SW 64<sup>th</sup> Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM CITY, FL</b>	City & State <b>PALM CITY, FL</b>
Zip <b>34990</b>	Zip <b>34990</b>
Country	Country

4. FEI Number <b>65-0895166</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RAFLOWITZ, BRETT A  
 2700 S.E. COVE ROAD  
 STUART FL 34997-7704**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>2602 SW 64<sup>th</sup> COURT</b>
City <b>PALM CITY</b> FL Zip Code <b>34990</b>

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAFLOWITZ, BRETT A</b>	
STREET ADDRESS	<b>2700 S.E. COVE ROAD</b>	
CITY-ST-ZIP	<b>STUART FL 34997-7704</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2602 S.W. 64<sup>th</sup> COURT</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **BRETT A. RAFLOWITZ** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)