## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P99000014947 **DOCUMENT #**

1. Entity Name



## FILED Mar 07, 2003 8:00 am Secretary of State

WARREN'S LAWN AND LANDSCAPE, INC.				03-07-2003 90062 003 ***150.00	
Principal Place of Business P.O. BOX 2024 LUTZ FL 33548-2024		Mailing Address P.O. BOX 2024 LUTZ FL 33548-2024		I INGULO I ING IDNI BANK BANK DOMA DOMA BANK BIRA MAKA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3559199 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	Jable
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
WARREN,	JIMMY		Name	•	
	ACKWELL LANE		Street	t Address (P.O. Box Number is Not Acceptable)	$\neg \uparrow$
LUTZ FL 3	33549		-		$\dashv$
	;		City	FL Zip Code	
8. The above the obligation	e named entity submits this statement f tions of registered agent.	or the purpose of changing	its registered office	or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent sign	nature required when reinstating) DATE	
F	ILE_NOW!!!_FEE_IS_\$150.00				$\dashv$
After	r May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9: Election Campaign Financing \$5.00 May   Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
NAME STREET ADDRESS	D Warren, Jimmy 17406 Blackwell Lane Lutz Fl 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition

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 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

<del>2-3-03</del>