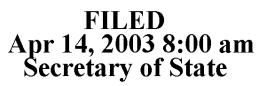
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) OCUMENT # P99000016101 Entity Name IEIL REDLACZYK'S UPPER CUT LAWN CARE, INC.



1. Entity Nam		WN CARE, INC.		04-14-2003 90771 0		
Principal Place of Business 7597 DARLENE ST. NORT PORT FL 34287		Mailing Address 7597 DARLENE ST. NORT PORT FL 34287				
2. Principal Place of Business		3. Mailing Address			II FIRMO BUMP HOUS BÖDDA JÁRA FORS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0904177	Applied For Not Applicable	
Zip	Zip Country Zip				\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
REDLACZYK, NEIL			Name			
7597 DARLENE ST.		Street Addr		ss (P.O. Box Number is Not Acceptable)		
NORT PORT FL 34287						
			City	FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida. I am	n familiar with, and accept	
the obligat	ions of registered agrent.	0	٠\ ١	4 -7		
SIGNATURE.	Signature, typed or printed name of registered agent a	und title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	=0:2	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND	<u></u>	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDLCZYLE, NEIL 7597 DARLENE ST NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDLACZYLE, KATHERINE S 7597 DARLENE ST NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		Change Addition	
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		Change Addition	

12. 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 the 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 emptwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with/all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-12-53

Date

Daytime Phone #