

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90233 006 \*\*\*150.00

**DOCUMENT # P99000021119**

1. Entity Name

**DAVIE LAWN & MAINTENANCE SERVICE, INC.**

Principal Place of Business

Mailing Address

~~131 SE 2 AVE~~ 2410 SW 44 Terr. ~~131 SE 2 AVE~~  
~~DANIA FL 33004~~ Ft. Lauderdale, Fla. ~~DANIA FL 33004~~  
 33312 % 4900 SW 64 Ave. Davie,  
 Fla. 33314

2. Principal Place of Business

2410 SW 44 Terrace

3. Mailing Address

4900 SW 64 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fla.

City & State

Davie, Fla.

Zip

33312

Country

Brow.

Zip

33314

Country

Broward

4. FEI Number

65-0913934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLF-MOOMAW, CAROL**

~~131 SE 2 AVE~~ 2410 S.W. 44 Terrace  
~~DANIA FL 33004~~ Ft. Lauderdale, Fla. 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Carol Wolf-Moomaw*  
 Carol Wolf-Moomaw

April 16, 2002

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, 2002 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WOLF-MOOMAW, CAROL**  
 CITY-ST-ZIP **131 SE 2 AVE 2410 SW 44 Terrace**  
**DANIA FL 33004 Ft. Lauderdale, Fla. 33312**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

*Carol Wolf-Moomaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E034 (9/01)