

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000030326

FILED
Mar 22, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA LAWN & ORNAMENTAL, INC.

Current Principal Place of Business:

3305 PALMIRA ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3305 PALMIRA ST
TAMPA, FL 33629

New Mailing Address:

FEI Number: 52-2159263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, KATHRYN G
3305 PALMIRA ST
TAMPA, FL 33629

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BRYANT, KATHRYN G
Address: 3305 PALMIRA ST
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: BRYANT, JR., DONALD L
Address: 3305 W. PALMIRA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN G. BRYANT

PRES

03/22/2002

Electronic Signature of Signing Officer or Director

_____ Date