2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90481 029 ***150.00

A0049372

DOCUMENT # P99000033944

1. Entity Name
Martinellis Lawn Corporation

Principal Place of Business
11822 SW 44 St
DAVIE FL 33330

Mailing Address

2. Principal Place of Business: Same
Suite, Apt #, etc
City & State
Zip | Country

3. Mailing Address: Same
Suite, Apt #, etc
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0908671 | [ ] Applied For | [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Kolene Martinelli
11822 SW 44 St
Davie FL 33330

7. Name and Address of New Registered Agent
Name: DOUGLAS MARtinelli
Street Address (P.O. Box Number is Not Acceptable): 11822 SW 44 St
City: DAVIE **FL** Zip Code: 33330

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: [signature] 3·16·01

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, 2001 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: President NAME: Kolene Martinelli STREET ADDRESS: 11822 SW 44 St CITY-ST-ZIP: Davie FL 33330	[X] Delete	TITLE: President NAME: Douglas Martinelli STREET ADDRESS: 11822 SW 44 St CITY-ST-ZIP: Davie, Fl 33330	[X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (11/00)

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: [signature] 3·16·01 954·4736655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR