

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90052 001 ***150.00
 09-08-2002 90052 002 ***400.00

DOCUMENT # P99000041419
 1. Entity Name
THE LAWN AUTHORITY OF MANATEE COUNTY, INC.

Principal Place of Business Mailing Address
4816 SNOOK DRIVE SOUTH EAST 4816 SNOOK DRIVE SOUTH EAST
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3579572** Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBINSON, LAYON F II
442 OLD MAIN STREET
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
 NAME **D JACKSON, WARDELL**
 STREET ADDRESS **4816 SNOOK DRIVE SOUTH EAST**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete
 NAME **S LOUE, DEBRA**
 STREET ADDRESS **4625 34TH COURT E**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: ~~SO SIGNED~~ REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/02 (727) 897-9167
 Date Daytime Phone #

CR2E034 (4/02)