

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91754 032 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000044746

1. Entity Name

FINER LAWNS &amp; GARDENS, INC.

DO NOT WRITE IN THIS SPACE

40188

2. Principal Place of Business

2103 Autumn Leaf Lane

3. Mailing Address

2103 Autumn Leaf Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Winter Haven, Fl.

City &amp; State

Winter Haven, Fl.

4. FEI Number

59-3578661

Applied For

Not Applicable

Zip

33884

Country

Polk

Zip

33884

Country

Polk

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Gayland E. Heverly

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

2103 Autumn Leaf Lane

City

Winter Haven

FL

Zip Code

33884

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 Heverly, Gayland E.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 D  
 NAME Heverly, Gayland E.  
 STREET ADDRESS 2103 Autumn Leaf Lane  
 CITY-ST-ZIP Winter Haven, Fl. 33884

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DO NOT WRITE  
IN THIS SPACESIGN  
& DATE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gayland E. Heverly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034B (12/01)