

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90022 023 ***150.00

064126 SP

DOCUMENT # P99000050526

1. Entity Name

SMILING LAWN SERVICE, INC.

Principal Place of Business

**610 S.W. 63RD TERR.
 MARGATE FL 33068**

Mailing Address

**610 S.W. 63RD TERR.
 MARGATE FL 33068**

80039728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 770097

3. Mailing Address

P.O. Box 770097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0902073

Applied For

Not Applicable

Zip

Country

33077-0097 USA

Zip

Country

33077-0097 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANOR, NORVIUS
 7863 W. SAMPLE RD.
 CORAL SPRINGS FL 33065**

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.

SIGNATURE

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) ☐

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	EXANTUS, RICOT	
STREET ADDRESS	P.O. BOX 770097	
CITY-ST-ZIP	CORAL SPRINGS FL 33077-0097	
TITLE	V	<input type="checkbox"/> Delete
NAME	EXANTUS, YOLENE	
STREET ADDRESS	P.O. BOX 770097	
CITY-ST-ZIP	CORAL SPRINGS FL 33077-0097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Yolene Exantus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2002 (934) 575-8683
 Date Daytime Phone #

CR2E034 (9/01)