## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am § Secretary of State **DOCUMENT #** P99000053245 1. Entity Name 05-27-2002 90469 018 \*\*\*150.00 NATURE'S OWN LAWN CARE, INC. Principal Place of Business Mailing Address 2213 RIO PINAR LAKES BLVD. 2213 RIO PINAR LAKES BLVD. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3592301 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHMIDT, HEINRICH 2213 RIO PINAR LAKES BLVD. ORLANDO FL 32822 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAMÉ SCHMIDT, HEINRICH Schmidt, Heinrich STREET ADDRESS 2213 RIO PINAR LAKES BLVD. 10947 Vanesboro Ct. STREET ADDRESS CITY\_ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP Orlando, FL. 32825 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED