

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0849723 SP

DOCUMENT # P99000057548

1. Entity Name

S.J.C. PROFESSIONAL LAWN CARE, INC.

04-02-2002 90922 004 ***150.00

Principal Place of Business

Mailing Address

**2320 ~~KNOLLWOOD~~ PLACE
TAMPA FL 33604**

**2320 ~~KNOLLWOOD~~ PLACE
TAMPA FL 33604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2320 Knollwood Pl
Suite, Apt. #, etc.

3. Mailing Address

2320 Knollwood Pl
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625690

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PROVENZANO, BARBARA J
2320 ~~KNOLLWOOD~~ PLACE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name

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

City

**Knollwood
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	V	<input type="checkbox"/> Delete
NAME	PROVENZANO, BARBARA J	
STREET ADDRESS	2320 KNOLLWOOD PLACE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	P	<input type="checkbox"/> Delete
NAME	PROVENZANO, STEPHEN	
STREET ADDRESS	2320 KNOLLWOOD PL.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	ST1	<input type="checkbox"/> Delete
NAME	GASPARD, ADA	
STREET ADDRESS	4002 N MACDILL AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knollwood	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knollwood	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 candle wood Ave.	
STREET ADDRESS	Tpa. FL 33603	
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
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:

Ada Gaspard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

Daytime Phone #

CR2E034 (9/01)