FOR PROFIT CORPORATION

DOCUMENT #_{P99000066328}

UNIFORM BUSINESS REPORT (UBR)



May 05, 2003 8:00 am Secretary of State 05-05-2003 91416 006 ***150.00

KING CO. LAWN CARE SERVICE, INC.			V		
DO I	NOT WRITE	IN THIS S	PAC	ÈΕ	11040360
2. Principal Place of Business 3. Mailing Add 102 23 rd St. Ct. East 102			23 rd St. Ct. East		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State Bradenton, FL		City & State Bradenton, FL			4. FEI Number 65-0939214 Applied For Not Applicable
^{Zip} 34208	Country	^{Zip} 34208	Cour	ntry	5. Certificate of Status Desired See Required Fee Required
				Name	7. Name and Address of Current Registered Agent
	DO NOT W			t in	flin. Ernest (F.O. Box Number is Not Acceptable)
	IN THIS SF	'ACE		573	Sutton Place
i d				City	orboat Key FL Zip Code 34228
8. The above named en the obligations of regi		or the purpose of changing it	ts register	red office or registe	gboat Key 34228 ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE					
Signature, typi January 1 -	ed or printed name of registered agent May 1 Fee Is \$150.00	and title if applicable. (NC	TE: Registere	ed Agent signature require	
Amende	/ 1, Fee is \$550.00 ed UBR is \$61.25 to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	用学师的自由的的	Print.	washing the Branch of the	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D King, 102	, Gary D. 23 rd Street Court Ea	ast	3,000		
TITLE NAME STREET ADDRESS	enton, FL 34208		TITL	E	
CITY-ST-ZIP			SERVINE SERVICE SERVIC	(-ST-ZIP	
TITLE NAME			TITL NAM	AND THE PERSON OF THE PERSON	
STREET ADDRESS CITY-ST-ZIP		<u>. </u>	V. P. 125 4-16	EET ADDRESS (-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Section of the sectio	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITL NAN STRI	E	
TITLE NAME STREET ADDRESS	;		TITL	É. P. S.	
CITY-ST-ZIP	ha information aunalized with	this filing does not qualify.	CITY	-ST-ZIP	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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #