**FILED**
**May 06, 2003 8:00 am**
**Secretary of State**
05-06-2003 90038 023 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069800

90130928

1. Entity Name
A-ACTION LAWN SPRAYING CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 8001 YATES ROAD<br>ORLANDO, FL 32807 | 8001 YATES ROAD<br>ORLANDO, FL 32807 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8001 Yates Rd | N/A Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, FL | City & State: FL |
| Zip: 32807 Country: Orange | Zip: Country: |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3588894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABERNATHY, LINDA
8001 YATES ROAD
ORLANDO, FL 32807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing)

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State of Florida

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABERNATHY, LINDA<br>8001 YATES ROAD<br>ORLANDO, FL 32807 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABERNATHY, MICHAEL L.<br>8001 YATES ROAD<br>ORLANDO, FL 32807 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Abernathy 4/30/03 407-275-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #