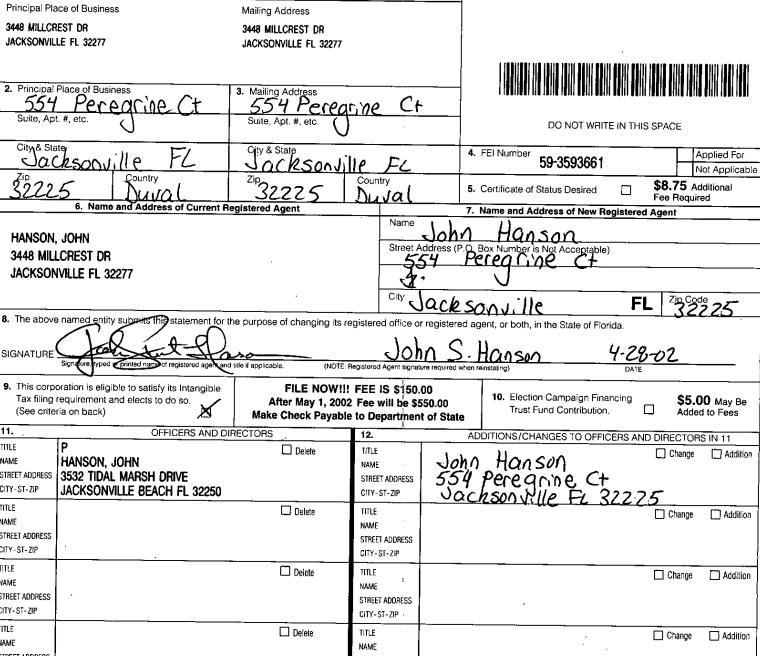
## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000076967 1. Entity Name HANSON QUALITY LAWN CARE, INC. Principal Place of Business Mailing Address 3448 MILLCREST DR 3448 MILLCREST DR JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business Mailing Address 554 Perearine Suite, Apt. #, etc City & State 4. FEI Number RSONJILLE Name and Address of Current Registered Agent

## FILED May 14, 2002 8:00 am § Secretary of State

05-14-2002 90282 031 \*\*\*150.00



TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

(NOTE: Registered Agent signatu

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

Delete

12.

NAME

STREET ADDRESS

CITY-ST-ZIP

Street Address (P

SIGNATURE:

HANSON, JOHN

**SIGNATURE** 

11.

NAME

STREET ADDRESS

CITY-ST-ZIP

3448 MILLCREST DR JACKSONVILLE FL 32277

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

HANSON, JOHN

3532 TIDAL MARSH DRIVE

JACKSONVILLE BEACH FL 32250

D NAME OF SIGNING OFFICER OR DIRECTOR