

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90125 031 \*\*\*150.00

DOCUMENT # 543229

1. Entity Name

All American Lawn & Garden Care Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

714 4th St. SW

Suite, Apt. #, etc.

3. Mailing Address

873 W. Bay Dr

Suite, Apt. #, etc.

PMB 183

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33170

4. FEI Number

593067481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

*Change  
address*

7. Name and Address of Current Registered Agent

Name

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

873 W. Bay Dr., PMB 183

City Largo

FL

Zip Code

33170

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Frank W. McFather, Pres  
NAME PMB 183  
STREET ADDRESS 873 W. Bay Dr.  
CITY-ST-ZIP Largo FL 33170

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: Frank W. McFather

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank W. McFather President 4-15-02 (727) 415-5031

DATE

DAYTIME PHONE #

CR2E034B (12/01)