2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90084 048 ***150.00

DOCUMENT # S57631

1. Entity Name
LAWN ENFORCEMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
7305 GARDNER P.O. BOX 5873 WINTER PARK FL 32792	7305 GARDNER P.O. BOX 5873 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	Po Box 5873
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State: Winter Park Fl.
Zip / Country	Zip: 32793 / Country: orange

4. FEI Number 59-3067209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILKEY, JOANNE
7305 GARDNER STR
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City   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   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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SILKEY, JOANNE 7305 GARDNER ST WINTER PARK FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VPT Silkey Joanne 7305 Gardner ST. Winter Park Fl. [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILKEY, RICHARD H 7305 GARDNER ST WINTER PARK FL 32792 [X] 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

Joanne Silkey   Joanne Silkey   4/25/01   407/657-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)