

FILED
Apr 28, 2003 8:00 am
Secretary of State

0098168 AV

DOCUMENT # S57631 1. Entity Name LAWN ENFORCEMENT OF CENTRAL FLORIDA, INC.		Secretary of State 04-28-2003 90481 023 ***150.00																					
Principal Place of Business 7305 GARDNER P.O. BOX 5873 WINTER PARK FL 32792		Mailing Address P.O. BOX 5873 WINTER PARK FL 32792																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number 59-3067209		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%; vertical-align: top;">PDVT SILKEY, JOANNE 7305 GARDNER ST WINTER PARK FL <input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVT SILKEY, JOANNE 7305 GARDNER ST WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%; vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Joanne Silkey</i></u> Joanne Silkey 4/25/03 407 4665446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							