


FILED

03 OCT 29 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S66060		
1. Entity Name MID-FLA LAWN CARE & LANDSCAPING, INC.		
Principal Place of Business 10 S LAKE AVENUE LAKE BUTLER, FL 32054		Mailing Address 10 S LAKE AVENUE LAKE BUTLER, FL 32054
2. Principal Place of Business 1520 SW 37th Trail Suite, Apt. #, etc.		3. Mailing Address P O Box 2162 Suite, Apt. #, etc.
City & State Trenton, FL		City & State Trenton, FL
Zip 32093	Country Gulchrist	Zip 32093
4. FEI Number 58-3078013		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GAFFORD, FRANK M 228 E. DUVAL ST LAKE CITY, FL 32056		7. Name and Address of New Registered Agent (SAME)
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's signature required when resigning) DATE</small>		
<p>FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$350.00 with Amendment UBR is \$80.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE P	NAME WILSON, WILLIAM SAM	TITLE President
STREET ADDRESS 186 N.W. 4TH AVENUE	CITY-ST-ZIP LAKE BUTLER, FL 32054	NAME Steven J. Moore
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 1520 SW 37 TRAIL
		CITY-ST-ZIP Trenton FL 32093
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME WILSON, ROBIN P.	TITLE Vice President
STREET ADDRESS 186 N.W. 4TH AVENUE	CITY-ST-ZIP LAKE BUTLER, FL 32054	NAME Susan L. Moore
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 1520 SW 37 Trail
		CITY-ST-ZIP Trenton FL 32093
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE
STREET ADDRESS	CITY-ST-ZIP	NAME
	<input type="checkbox"/> Delete	STREET ADDRESS
		CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE
STREET ADDRESS	CITY-ST-ZIP	NAME
	<input type="checkbox"/> Delete	STREET ADDRESS
		CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE
STREET ADDRESS	CITY-ST-ZIP	NAME
	<input type="checkbox"/> Delete	STREET ADDRESS
		CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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>Steven J. Moore</u>		10-19-03 463-1993
<small>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Case Date-time Phone #</small>



CHECK HERE IF MAKING CHANGES

CRREC34 (10/02)

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