

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

FILED

02 JUN 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74929
1. Entity Name

PRO LAWN CARE PLUS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1218 OMAR RD.

Suite, Apt. #, etc.

3. Mailing Address
1218 OMAR RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0279256

Applied For
Not Applicable

Zip
33405

Country
US

Zip
33405

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALVAREZ, PATRICIA R.

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

1705 WOODS BEND RD.

City WEST PALM BEACH FL Zip Code 33406

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, title, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 6-21-02

9. This corporation is unable 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
NAME PTS
STREET ADDRESS ALVAREZ, PATRICIA R.
CITY-ST-ZIP 1705 WOODS BEND RD., WPB, FL 33406

TITLE
NAME V
STREET ADDRESS ALVAREZ, REINALDO A.
CITY-ST-ZIP 1601 MARINE DR. APT #10
WEST PALM BEACH, FL 33409

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600006074856
-06/28/02-01006-010
*****61.25 *****61.25

**DO NOT WRITE
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: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

06-21-02

Date

561-820-2443

PATRICIA R. ALVAREZ, PRES.

CR2E0348 (12/01)