

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90467 015 ***150.00

DOCUMENT # V46093

1. Entity Name

J & S Lawn Service on the Beach, Inc.



DO NOT WRITE IN THIS SPACE

90052336

2. Principal Place of Business
19630 Huber Road
Suite, Apt. #, etc.

3. Mailing Address
137 Placid Drive
Suite, Apt. #, etc.

City & State
N. Fort Myers, FL.

City & State
Fort Myers, FL.

Zip Country
33917 US

Zip Country
33919 US

4. FEI Number
65-0347870

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Virginia Smith

Street Address (P.O. Box Number is Not Acceptable)
19630 Huber Rd.

City N. Fort Myers FL Zip Code 33917

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME Jeffery Smith
STREET ADDRESS 19630 Huber Rd.
CITY-ST-ZIP N. Fort Myers, FL. 33917

TITLE VS
NAME Virginia Smith
STREET ADDRESS 19630 Huber Rd.
CITY-ST-ZIP N. Fort Myers, FL. 33917

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

239-567-0245

CR2E034B (12/02)