Amendment FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL

FI FD

02 NOV 15 PM 6: 35 **DOCUMENT#** 1. Entity Name Lawn Incorporated SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address Elderberry Drive erberry Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Montverde **59 - 3118242** Montverd Not Applicable \_Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Box Number is Not Acceptable) ldecherru IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstal January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TÍTLE President TITLE 300009033173 11/15/02--01096--005 \*\*70.00 CR2E034B (12/01 NAME Michael 10. 10. 17011 Elderberry Dr. 17011 Elderberry Dr. 54, 34751 Michael B. Seitz NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE reasures - Secretary Michael-B. Seité 17011 Élderberry NAME acordo e e partir de STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>montverde</u> TITLE TITLE -------Director NAME NAME michael B. Seitz STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY+ST-ZIP TITLE TOTALE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME . . . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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