# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# V69173

**Entity Name:** G. BEE'S QUALITY LAWN CARE, INC.

**Current Principal Place of Business:**

680 S.W. 17TH CT.
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

680 S.W. 17TH CT.
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number: 65-0356116** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BJORKLUND, TERRI
680 S.W. 17TH CT.
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

BJORKLUND, GLEN A
5275 NE 16TH AVE
POMPANO BEACH, FL 33064 US

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: GLEN A BJORKLUND 04/25/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BJORKLUND, TERRI,
Address: 680 S.W. 17TH CT.
City-St-Zip: BOCA RATON, FL

Title: VP (X) Delete
Name: GLEN BJORKLUND,
Address: 680 SW 17TH CT
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BJORKLUND, GLEN,
Address: 5275 NE 16TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN A BJORKLUND P 04/25/2002
Electronic Signature of Signing Officer or Director Date