

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 697408

1. Entity Name
VILLAGE LAWN CARE, INC.

Principal Place of Business
1916E 136TH AVE
PO BOX 82112
TAMPA FL 33682

Mailing Address
1916E 136TH AVE
PO BOX 82112
TAMPA FL 33682

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2127383
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PALMSIANO, WILLIAM P
1916 EAST 136TH AVENUE
TAMPA FL 33613

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

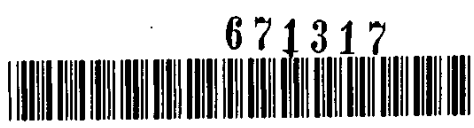
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DV PALMSIANO, WILLIAM P JR 1916 E. 136TH AVENUE TAMPA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D AUCOIN, ALBERT J JR 2130 VANDERVORT ROAD TAMPA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D AUCOIN, STEVEN L. 903 WEST KNOLLWOOD ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *William Palmsiano Jr* 1/2/2001 813 9776914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90087 034 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)