

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90002 044 ***550.00

DOCUMENT # J53806
 1. Entity Name
NORTHSIDE LAWN EQUIPMENT, INC. ✓

Principal Place of Business Mailing Address
8740 U.S. 98 NORTH **8740 U.S. 98 NORTH**
LAKELAND FL 33809 **LAKELAND FL 33809**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2761839** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|----------|
| WATKINS, WAYNE A. 11230 SHERROUSE ROAD LAKELAND FL 33809 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATKINS, EARL LEE JR. | NAME | |
| STREET ADDRESS | 11282 SHERROUSE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATKINS, WAYNE A. | NAME | |
| STREET ADDRESS | 11230 SHERROUSE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATKINS, NANCY E. | NAME | |
| STREET ADDRESS | 11230 SHERROUSE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATKINS, KATHY S. | NAME | |
| STREET ADDRESS | 11282 SHERROUSE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **8/30/00** **863-858-5296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (5/00)