

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90077 001 ***150.00

DOCUMENT # K10524

1. Entity Name

MID FLORIDA LAWN, INC.

Principal Place of Business

Mailing Address

**930 MARCUM ROAD
 STE 4
 LAKELAND FL 33809
 US**

**DRAWER 130
 KATHLEEN FL 33849-0130
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KATHLEEN

Zip

Country

Zip

Country

33849

FL

4. FEI Number

59-2860421

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

**WOOTON, DAVID G.
 930 MARCUM RD STE 4
 LAKELAND FL 33809**

Name **David G. Wooton**
 Street Address (P.O. Box Number is Not Acceptable) **7430 CATHERINE DR**
 City **LAKELAND** FL Zip Code **33809**

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

David G. Wooton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WOOTON, DAVID G. | |
| STREET ADDRESS | 7430 CATHERINE DR | |
| CITY-ST-ZIP | KATHLEEN FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | WOOTON, BRENDA L. | |
| STREET ADDRESS | 7430 CATHERINE DR, DRAWER 130 | |
| CITY-ST-ZIP | KATHLEEN FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOOTON, BRENDA L. | |
| STREET ADDRESS | 7430 CATHERINE DR, DRAWER 130 | |
| CITY-ST-ZIP | KATHLEEN FL 33849 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: **Brenda L. Wooton** **Brenda L. Wooton** 1-17-00 **853-5484**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #