

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 023 ***150.00

0954177

DOCUMENT # P00000049310

1. Entity Name

MICK'S LAWN SERVICE, INC.

Principal Place of Business

3511 W. SAN PEDRO STREET
 TAMPA FL 33629-2822

Mailing Address

3511 W. SAN PEDRO STREET
 TAMPA FL 33629-2822

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3647828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARVER, RONALD

**3511 W. SAN PEDRO STREET
 TAMPA FL 33629-2822**

7. Name and Address of New Registered Agent

Name

Kimberly Wiltfang

Street Address (P.O. Box Number is Not Acceptable)

3511 W. San Pedro Street

City

Tampa

FL

33629

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

Kimberly Wiltfang

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

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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 **PTD** ☐ Delete
 NAME **WILTFANG, KIMBERLY**
 STREET ADDRESS **3511 W. SAN PEDRO STREET**
 CITY-ST-ZIP **TAMPA FL 33629-2822**

TITLE **VSD** ☐ Delete
 NAME **WILTFANG, MICKEY**
 STREET ADDRESS **3511 W. SAN PEDRO STREET**
 CITY-ST-ZIP **TAMPA FL 33629-2822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

813-9350593

Daytime Phone #

CR2E034 (10/00)