

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

DOCUMENT # P93000019928

1. Entity Name

FLEMING LAWN SERVICES, INC.

01-29-2000 90140 004 ***150.00

Principal Place of Business

Mailing Address

674 APACHE CIRCLE
 DELTONA FL 32725

674 APACHE CIRCLE
 DELTONA FL 32725-4528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3171887

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLEMING, BRUCE
674 APACHE CIRCLE
DELTONA FL 32725

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

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

(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, 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 type="checkbox"/> Delete
NAME	FLEMING, BRUCE D	
STREET ADDRESS	674 APACHE CIR	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLEMING, DOREEN K	
STREET ADDRESS	674 APACHE CIR	
CITY-ST-ZIP	DELTONA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLEMING, JOSHUA J	
STREET ADDRESS	674 APACHE CIR	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> Delete
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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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

Date

Daytime Phone #