

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90120 035 \*\*\*150.00

0004613 AV

**DOCUMENT # P93000025777**

1. Entity Name  
**PREMIER LAWNSCAPES, INC.**

Principal Place of Business  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257**

Mailing Address  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3176626**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTO, KELLY M**  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257**

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 \$550.00**  
**After September 12, 2001 Fee 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVST**  
**SANTO, KELLY M**  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SANTO, KELLY M**  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257** ☐ Delete

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

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☐ 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 all other like empowered.

SIGNATURE: *Kelly M Santo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01

Date

904-260-8650

Daytime Phone #

CR2E034 (5/01)

Attachment

A0076315

July 9, 2001

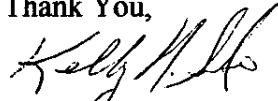
Premier Lawnscares, Inc.  
P.O. Box 57238  
Jacksonville, FL 32241  
904-260-8550

#193000025777

To Whom It May Concern:

I received in the mail a 2001 uniform business report which I sent in April, along with a \$150.00 check. However, I have gone back to my check register and found that the check I issued had not been cashed. I'm enclosing another check for \$150.00 per your assistance line. I will call to verify if I do not receive the canceled check in my next statement.

Thank You,



Kelly M. Santo  
President