

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 005 ***150.00

DOCUMENT # P94000004155

1. Entity Name

LILLY POND LAWN MAINTENANCE, INC.

Principal Place of Business

Mailing Address

2075 SCOTT AV
 W. PALM BCH FL 3349
 US

P.O. BOX 220777
 WEST PALM BEACH FL 33422-0777

ACCOUNT ID



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2215 N. Military Tr.

3. Mailing Address

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

W. Palm Beach FL

City & State

4. FEI Number

65-0461339

Applied For

Not Applicable

Zip

33409

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

LEWIS, TOBY R.
 2075 SCOTT AVENUE
 201
 WEST PALM BEACH FL 33409

Name

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

2115 N. Military Trail
 Suite F

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 Delete
 NAME **D LEWIS, TOBY R**
 STREET ADDRESS **4241 LARCH AVENUE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEWIS, SHELIA**
 STREET ADDRESS **4241 LARCH AVENUE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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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 REQUIRED
 Tody R. Lewis

Date

1/15/00

Daytime Phone #

561 689 4422