

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073709

1. Entity Name

RAMON'S LAWN CARE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90001 046 ***150.00

Principal Place of Business

1328 11TH STREET WEST
BRADENTON FL 34205

Mailing Address

1328 11TH STREET WEST
BRADENTON FL 34205-7229

2. Principal Place of Business

2604 30th Avenue E.

3. Mailing Address

PO BOX 332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34208

Country

U.S.A.

Zip

34206

Country

U.S.A.

4. FEI Number

65-0776642

Applied For

Not Applicable

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

VILLALPANDO, RAMON
1328 11TH STREET WEST
BRADENTON FL 34205

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.

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\$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
PSTD
VILLALPANDO, RAMON
1328 11TH STREET WEST
BRADENTON FL 34205

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Past President
Villalpando Ramon
2604 30th Avenue East
Bradenton, FL 34208

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ramon Villalpando

4-11-2000

(941) 726-2480

CR2E034 (9/99)