

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095862

1. Entity Name

KENADO LAWN CARE, INC.

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

04-20-2000 90100 048 ***150.00

Principal Place of Business

3028 SW 23RD PLACE
CAPE CORAL FL 33914

Mailing Address

3028 SW 23RD PLACE
CAPE CORAL FL 33914-3927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804334

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

LARROW, PAUL L
3501 DEL PRADO BLVD, SUITE 205
CAPE CORAL FL 33904-7211

Name

LARROW, PAUL L.

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

3501 DEL PRADO BLVD, SUITE 302

City

CAPE CORAL

FL

Zip Code

33904

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

PAUL L. LARROW

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

(NOTE: Registered Agent signature required when reinstating)

4/6/2000

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 D ☐ Delete
NAME MCDONOUGH, THOMAS B
STREET ADDRESS 3028 SW 23RD PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE D ☐ Delete
NAME MCDONOUGH, KATHY S
STREET ADDRESS 3028 SW 23RD PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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:

Thomas B. McDonough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. McDonough

DATE

4/7/00

Daytime Phone #

941-

540-0933

CR2E034 (9/99)