

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084251

1. Entity Name

LAWN BUSTERS LAWN MAINTENANCE OF CITRUS COUNTY, *P*

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 014 ***150.00

Principal Place of Business

667 NE 11TH ST.
CRYSTAL RIVER FL 34429

Mailing Address

667 NE 11TH ST.
CRYSTAL RIVER FL 34429

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

59-3537465

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

DAVIS, SCOTT
667 NE 11TH ST.
CRYSTAL RIVER FL 34429

Name

SCOTT DAVIS

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

1840 NW 18 ST

City

CRYSTAL RIVER

FL

Zip Code

34429

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 13, 2000 Min. 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 ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, SCOTT**
CITY-ST-ZIP **667 NE 11TH ST.
CRYSTAL RIVER FL 34429**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SCOTT DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P-F-W

Date

352-795-6424

Daytime Phone #

CR2E034 (5/00)

Attachment
DH#P48000084251
DW78736

081400

ATT:

WE MOVED IN MARCH 2000, WE HAVE A
NEW ADDRESS AND THE POST OFFICE HAS BEEN
FORWARDING OUR MAIL BUT I NEVER RECEIVED
MY FIRST NOTICE FROM YOU AND JUST RECENTLY
RECEIVED THIS 2ND NOTICE. MY ACCOUNTANT TOLD
ME TO CALL THE DIV. OF COMP. I DID ON 8-8-00
AND TALKED TO A KATHY. AFTER EXPLAINING WHAT
HAPPEN SHE ADVISED ME TO SEND \$150.00 TO YOU
AND WRITE A NOTE DESCRIBING WHAT TOOL PACK
AND THE DIV OF COMP WOULD TAKE CARE OF IT
I HOPE THIS NOTE IS SUFFICIENT FOR YOU AND THE
POST OFFICE IS STILL LOSING MY MAIL.

THANK YOU

Scott Dunn