

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475601

1. Entity Name

A & H LAWN MOWER SALES AND SERVICE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 018 ***150.00

Principal Place of Business

Mailing Address

3475 NORTH U.S.1
MIMS FL 32754

P O BOX 777
MIMS FL 32754-0777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1667829

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

RANDALL, ALBERT P, SR
4520 APOLLO RD.
TITUSVILLE FL 32780

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 Albert P. Randall Sr. (Official Signature) Albert P. Randall Sr. 2-16-00

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | CHANGE | ADDITION |
|-------|------------------------|---------------------|----------------------|--------------------------|-------|------|----------------|-----------------|--------------------------|--------------------------|
| P | RANDALL, ALBERT P, SR | 4520 APOLLO RD | TITUSVILLE, FL 00000 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST | RANDALL, ALBERT P, JR. | 2397 BBROADWAY AVE. | MIMS FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: AP RANDALL JR 2-16-00 321 269-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)