

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F12388****1. Entity Name**
LAWN MASTER, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90165 017 ***158.75

Principal Place of Business

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA FL 32514

Mailing Address

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA FL 32514**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2049647**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WILLIAMS, JOSEPH R JR**
3200 JOHNSON AVE.
PENSACOLA FL 32514**7. Name and Address of New Registered Agent**

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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKLEY, KENNETH L	
STREET ADDRESS	4957 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH R, JR	
STREET ADDRESS	1705 BAKALANE AVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKLEY, WILLIAM R	
STREET ADDRESS	13110 THOMPSON RD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SCOTT B.	
STREET ADDRESS	7625 BROOK FOREST WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFFREY L.	
STREET ADDRESS	750 WOODBINE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARGARET E	
STREET ADDRESS	1705 BAKALANE AVE	
CITY-ST-ZIP	PENSACOLA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott B. Williams **Scott B. Williams**

1/26/01 (850) 476-1601

Date

Daytime Phone #

CR2E034 (10/00)