

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90122 010 ***550.00

DOCUMENT # F20280

1. Entity Name
CAUSEWAY MOWERS, INC.



Principal Place of Business
% NICHOLAS SIMONE
750 E EAU GALLIE CAUSEWAY
IND HARBOUR BEACH FL 32937

Mailing Address
% NICHOLAS SIMONE
750 E EAU GALLIE CAUSEWAY
IND HARBOUR BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2093354**

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

SIMONE, NICHOLAS
750 E EAU GALLIE CSWAY
INDIAN HARBOR BEACH FL 32937

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 \$550.00
After September 12, 2001 Fee 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PDT
SIMONE, NICHOLAS
750E EAU GALLIE CSWAY
IND HARBOUR BCH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary

☒ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
~~**S**~~
~~**SIMONE, CYNTHIA**~~
~~**750 E EAU GALLIE BLVD**~~
~~**INDIAN HARBOUR BCH FL**~~

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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:

Nicholas Simone **NICHOLAS Simone Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)