

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90097 002 \*\*\*150.00

0632210 AV

**DOCUMENT # F40244**

1. Entity Name

**CLOVER LAWN EQUIPMENT, INC.**

Principal Place of Business

1723 N. LECANTO HWY.  
 LECANTO FL 34461  
 US

Mailing Address

1723 N. LECANTO HWY.  
 LECANTO FL 34461  
 US

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

59-2103847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KANE, THOMAS P  
 1723 N. LECANTO HWY.  
 LECANTO FL 34461

7. Name and Address of New Registered Agent

Name

KANE, GARY

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

1723 N. LECANTO HWY.

LECANTO, FL

City

FL

34461

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]*  
 Gary B. Kane

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

(NOTE: Registered Agent signature required when reinstating)

3/29/02

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, 2002 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          | DP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KANE, THOMAS P          |  |
| STREET ADDRESS | 12 BYRSONIMA COURT WEST |  |
| CITY-ST-ZIP    | HOMOSASSA FL            | DECEASED 3/22/01                           |
| TITLE          | D V                     | <input type="checkbox"/> Delete            |
| NAME           | KANE, GARY B            |  |
| STREET ADDRESS | 2857 W LIVE OAK ST      |  |
| CITY-ST-ZIP    | LECANTO FL              |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GARY B. KANE        |  |
| STREET ADDRESS | 2857 W. LIVE OAK ST |  |
| CITY-ST-ZIP    | LECANTO, FL 34461   |  |
| 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]*

*[Signature]*  
 GARY B. KANE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

(352) 746-4451

Daytime Phone #

CP2E034 (9/01)