

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90092 006 ***150.00

DOCUMENT # G46691

1. Entity Name
DALE'S LAWN SERVICE, INC.



DO NOT WRITE IN THIS SPACE

| | |
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| Principal Place of Business 74 GULF WINDS DR. PALM HARBOR FL 34683 US | Mailing Address 74 GULF WINDS DR. PALM HARBOR FL 34683-1327 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

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|------------------------------------|---|--|
| 4. FEI Number 59-2315818 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent DALE, MILLER 74 GULFWINDS DR. PALM HARBOR FL 34683 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (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) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | \$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 | PD MILLER, DALE L. 74 GULFWINDS DR. PALM HARBOR FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MILLER, JUDITH A. 74 GULFWINDS DR. PALM HARBOR FL 34683 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Judith A Miller (Judith A Miller) 4-3-00 727-934-7344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)