

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78014

1. Entity Name

A-1 MOWER OF CHARLOTTE COUNTY, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90138 012 ***150.00

Principal Place of Business
4079 TAMiami TR
PORT CHARLOTTE FL 33952
US

Mailing Address
4079 TAMiami TR
PORT CHARLOTTE FL 33952
US

C0045539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2355441		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For		Not Applicable	
Zip		Zip		Country		Country	
33952		33952		CHARLOTTE		CHARLOTTE	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TURNQUIST, PAUL D 4079 TAMiami TR PORT CHARLOTTE FL 33952				Name: Wilfred S. McGready			
				Street Address (P.O. Box Number is Not Acceptable) 23440 Janice Ave.			
				City: Port Charlotte, FL Zip Code: 33952			

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: *Wilfred S. McGready* WILFRED S. MCGREADY U/PRESIDENT 4-6/01

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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P T MCGREADY, MARY J	23440 JANICE AVENUE	PORT CHARLOTTE FL 33952				
	V S MCGREADY, WILFRED S	23440 JANICE AVENUE	PORT CHARLOTTE FL 33952				
	T TURNQUIST, PAUL D	4079 TAMiami TR	PORT CHARLOTTE FL 33952				
	S TURNQUIST, LISA A	4079 TAMiami TR	PORT CHARLOTTE FL 33952				

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: *Wilfred S. McGready* WILFRED S. MCGREADY U/PRESIDENT 4/6/01 941-627-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

210103

CR2E034 (10/00)