

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33687

1. Entity Name  
AMAZON LAWN CARE, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90091 045 \*\*\*150.00

Principal Place of Business

135 TANGERINE TRAIL  
DELRAY BEACH FL 33444

Mailing Address

135 TANGERINE TRAIL  
DELRAY BEACH FL 33445-1239  
US

ADDU1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4898 Palm Ridge Blvd  
Suite, Apt. #, etc. Blvd

3. Mailing Address  
4898 Palm Ridge Blvd  
Suite, Apt. #, etc. Blvd

City & State  
Delray Beach FL Delray Beach FL

Zip  
33445 33445  
Country US

4. FEI Number 59-2444076

Applied For  
Not Applicable

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

BUDJINSKI, WALTER F.  
135 TANGERINE TRAIL  
DELRAY BEACH FL 33444

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4898 Palm Ridge Blvd  
City Delray Beach FL Zip 33445

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 Walter Budjinski Walter Budjinski 1/5/00  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDJINSKI, WALTER 135 TANGERINE TRAIL DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDJINSKI, SUZANNE 135 TANGERINE TRAIL DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDJINSKI, WALTER 4898 Palm Ridge Blvd Delray Bch FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne Budjinski 4898 Palm Ridge Blvd Delray Bch FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walter Budjinski 1/5/00 501 499 0400  
read completely