

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52867

1. Entity Name

BAUER'S LAWN MAINTENANCE AND NURSERY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90100 013 ***150.00

Principal Place of Business

10475 RIVERSIDE DR
PALM BEACH GARDENS FL 33410
US

Mailing Address

10475 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410-4237

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

59-2509755

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

BAUER, KIMM
2985 RANCG ACRES CIR.
JUPITER FL 33478

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]

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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 P
NAME BAUER, KIMM LOU
STREET ADDRESS 2985 RANCH ACRES CIR
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE Secretary
NAME JULIE BAUER
STREET ADDRESS 2985 Ranch Acres Cir
CITY-ST-ZIP JUPITER, FL 33478 ☐ Change ☒ Addition

TITLE VP
NAME BAUER, YOKO L.
STREET ADDRESS 2985 RANCH ACRES CIR
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

561-743-9533

CR2E034 (9/99)