

2601 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90036 014 ***150.00

DOCUMENT # H84673

1. Entity Name

LAWN CONTROL, INC.

Principal Place of Business

Mailing Address

~~8820 BOULEVARD DRIVE~~
~~APOLLO 60000~~
~~FL 33572~~

~~8820 BOULEVARD DRIVE~~
~~APOLLO 60000~~
~~FL 33572~~

2. Principal Place of Business

PO Box 1858

3. Mailing Address

PO Box 1858

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner FL

City & State

Seffner FL

Zip

33572

Country

US

Zip

33572

Country

US

4. FEI Number

59-2712146

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

Name

Kevin Williams

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

7010 Yule Lane

City **Tampa**

FL

Zip Code

33637

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 **Kevin Williams**

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

(NOTE: Registered Agent signature required when reinstating)

02/08/01

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, 2001 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	OWNER, CARV STATION	<input checked="" type="checkbox"/> Delete
NAME	8820 BOULEVARD DRIVE	
STREET ADDRESS	APOLLO 60000	
CITY-ST-ZIP	FL 33572	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Williams	
STREET ADDRESS	7010 Yule Lane	
CITY-ST-ZIP	Tampa, FL 33637	
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:

Kevin Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

DATE

833-989-2899

DAYTIME PHONE #

CR2E034 (10/00)