

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95786

1. Entity Name

MARSHALL'S LAWN CARE, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 024 ***150.00

Principal Place of Business

% MICHAEL MARSHALL
606 W INDUSTRIAL AVE
BOYNTON BEACH FL 33426

Mailing Address

% MICHAEL MARSHALL
606 W INDUSTRIAL AVE
BOYNTON BEACH FL 33426

2. Principal Place of Business

606 W INDUSTRIAL AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Boynton Bch FLA

City & State

Zip

33426

Country

Palm Bch County

Zip

Country

4. FEI Number

59-2760411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MICHAEL
1112 N.W. 7TH STREET
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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, 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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME MARSHALL, MICHAEL
STREET ADDRESS 1112 N.W. 7TH STREET
CITY-ST-ZIP BOYNTON BEACH FL

☐ Delete

TITLE S
NAME MEADOWS, MARK
STREET ADDRESS 5688 MELELUA
CITY-ST-ZIP LAKE WORTH, FL 33463

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Michael Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/13/00

Daytime Phone #

561-738-0232

CR2E034 (5/00)

To whom this may concern. I have notified the Divisions of Corporations on 8/15/00. To notify them I did not receive my renewed notice for Corporation. I was told to send the normal rate of \$150.00 which I am enclosing with this form.