

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80071

1. Entity Name

LAWNMASTER OF SOUTH FLORIDA, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90083 032 ***150.00

Principal Place of Business

8000 FAIRWAY TRL
BOCA RATON FL 33487

Mailing Address

8000 FAIRWAY TRL
BOCA RATON FL 33487

010535

2. Principal Place of Business

27 SW 5 St

3. Mailing Address

P.O. Box 1593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale Bch FLA

Zip

33009

Country

U.S.

Zip

33008-1593

Country

U.S.

4. FEI Number

59-2819309

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GINA
27 S.W. 5TH STREET
HALLANDALE FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33009

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) ☐

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

TITLE **D** ☐ Delete
NAME **ALLEN, GINA**
STREET ADDRESS **27 S.W. 5TH STREET**
CITY-ST-ZIP **HALLANDALE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Gina Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

Date

561-241-2659

Daytime Phone #

CR2E034 (10/00)