

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**  
 02-03-2001 90300 018 \*\*\*150.00

**DOCUMENT # K09823**

1. Entity Name

**WEED WHACKERS LAWN CARE, INC.**

Principal Place of Business

1124 S.E. 7TH ST.  
 OCALA FL 34471  
 US

Mailing Address

1124 S.E. 7TH ST.  
 OCALA FL 34471  
 US

2. Principal Place of Business

**416 NE OSCEOLA AVE**

Suite, Apt. #, etc.

**OCALA FL**

City & State

**34470**

Zip

Country

**US**

3. Mailing Address

**P.O. Box 830488**

Suite, Apt. #, etc.

**OCALA FL**

City & State

**34483-0488**

Zip

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2865009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KIRK, RUSSELL**  
**1124 S.E. 7TH ST.**  
**OCALA FL 32671**

7. Name and Address of New Registered Agent

Name

**KIRK, RUSSELL**

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

**416 NE OSCEOLA AVENUE**

City

**OCALA**

FL

Zip Code

**34470**

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

*Russell Kirk*

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

(NOTE: Registered Agent signature required when reinstating)

*31 January 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRK, RUSSELL</b>	
STREET ADDRESS	<b>1124 SE 7TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIRK, NANCY</b>	
STREET ADDRESS	<b>1124 SE 7TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*Russell Kirk (Russell Kirk)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-3872**

CP2E034 (10/00)