

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2000 8:00 am
Secretary of State

05-16-2000 90005 014 ***150.00

DOCUMENT # K20858

1. Entity Name

PRECISION LAWN SERVICE, INC.

Principal Place of Business

7504 GARFIELD STREET
 HOLLYWOOD FL 33024

Mailing Address

6940 SW 5TH STREET
 PEMBROKE PINES FL 33023-1120
 US

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

65-0041384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GEORGE B. GROSHEIM
 ACCOUNTING SERVICE OF S. FLORIDA
 1210 S.E. 5TH STREET
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **C.D. & Associates**
 Street Address (P.O. Box Number is Not Acceptable)
101-A EDWARDS RD.
 City **STARKE** FL Zip Code **32091**

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

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

(NOTE: Registered Agent signature required when reinstating)

6/5/00
 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

TITLE **P** ☐ Delete
 NAME **TOZZI, NORMAN**
 STREET ADDRESS **6940 SW 5TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Norman Tozzi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
 Date

954-894-3198
 Daytime Phone #

CR2E034 (9/99)