

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # K79560

1. Entity Name

RELATIVE LAWN & TREE CARE INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90034 010 ***150.00

Principal Place of Business

Mailing Address

C/O KENNETH THAWLEY
7140 FILLMORE STREET
HOLLYWOOD FL 33024-7346

C/O KENNETH THAWLEY
7140 FILLMORE STREET
HOLLYWOOD FL 33024-7346

2. Principal Place of Business

3. Mailing Address

616 NE 123rd St

616 NE 123rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 616

Apt # 616

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33161

33161

Country

Country

None

None



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0117435

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

THAWLEY, KENNETH
7140 FILLMORE STREET
HOLLYWOOD FL

Name

David E. Thawley

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

616 NE 123rd St

City

Miami FL

FL

Zip Code

33161

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

David E Thawley

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

(NOTE: Registered Agent signature required when reinstating)

April 13, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAWLEY, DAVID E. 250 N.E. 117TH ST. MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

David E Thawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2000

DATE

Daytime Phone #

305-895-8172

CR2E034 (9/99)