

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2000 90004 021 ***158.75

DOCUMENT # L21143

1. Entity Name

LOU'S LAWN & GARDEN INCORPORATED

Principal Place of Business

Mailing Address

6364 WINFIELD BLVD.
 MARGATE FL 33063
 US

7624 PARKVIEW WAY
 CORAL SPRINGS FL 33065-6024
 US

2. Principal Place of Business

3. Mailing Address

16330 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Coral Springs FL

City & State

4. FEI Number

65-0156044

Applied For

Not Applicable

Zip
 33076

Country

USA

Zip

Country

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

ACQUAVELLA, LOUIS
 6364 WINFIELD BLVD.
 MARGATE FL 33063

Name
 Cynthia K. ACQUAVELLA

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

7624 Parkview Way

City
 Coral Springs

FL

Zip Code

33065

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

Cynthia K. Acquavella
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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 ☐ Delete
 NAME P
 STREET ADDRESS ACQUAVELLA, LOUIS
 CITY-ST-ZIP 7624 PARKVIEW WAY
 CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS ACQUAVELLA, KAREN
 CITY-ST-ZIP 7624 PARKVIEW WAY
 CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 954344621X

CR2E034 (9/99)