## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L26721** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name MANCUSO BROTHERS LAWN MAINTENANCE, INC. 04-26-2000 90199 014 \*\*\*150.00 Principal Place of Business Mailing Address 138 E. HAMPTON WAY 138 E HAMPTON WAY JUPITER FL 33458-8144 JUPITER FL 33458 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0139824 Not Applicable Country Country . . \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANCUSO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 138 E HAMPTON WAY Jupiter FL 33458 Citv Zip Code 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE MANCUSO, ROBERT NAME NAME STREET ADDRESS 138 E HAMPTON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL ☐ Change ☐ Addition Delete TITLE TITLE MANCUSO, RHONA NAME NAME STREET ADDRESS STREET ADDRESS 138 E HAMPTON WAY CITY-ST-ZIP CITY\_ST\_ZIP JUPITER FL-Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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