## Jul 19, 2001 8:00 am **2001 UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # L38153** 06-27-2001 90289 026 \*\*\*150.00 1. Entity Name CIRCLE T TOTAL LAWN CARE, INC. 07-19-2001 90005 023 \*\*\*400.00 Principal Place of Business Mailing Address 6140 IRLO BRONSON HIGHWAY 6140 IRLO BRONSON HIGHWAY ST. CLOUD FL 34771 ST. CLOUD FL 34771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2983213 Not Applicable Zip, Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Warinus, James W. Street Address (P.O. Box Number is Not Acceptable) 201 E PINE ST **STE 550** ORLANDO FL 32801 City Zip Code FL 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 Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be -Tax filing requirement and elects to do so." After MAY'1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00) TUMBLESON, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 6140 IRLO BRONSON HIGHWAY CITY-ST-21P CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Delete TITLE ☐ Addition NAME TUMBLESON, MARY NAME STREET ADDRESS STREET ADDRESS 6140 IRLO BRONSON HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34771 TITLE Delete TITLE". ☐ Change Addition NAME WARMUS, JAMES W NAME . STREET ADDRESS STREET ADDRESS 201 E. PINE STREET, STE 550 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP Time: ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

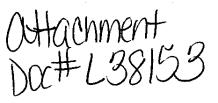
SIGNATURE:

10-25-01

41-892-7365

**FILED** 

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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 30, 2001

CIRCLE T TOTAL LAWN CARE, INC. 6140 IRLO BRONSON HIGHWAY ST. CLOUD, FL 34771

Subject: CIRCLE T TOTAL LAWN CARE, INC.

Reference——L38153 Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/fm ANNUAL REPORTS SECTION