## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L66017** 1. Entity Name KAUFFMAN LAWN SERVICE, INC. Principal Place of Business Mailing Address % LLOYD E. KAUFFMAN % LLOYD E. KAUFFMAN 818 S E 34TH TERRACE 818 S E 34TH TERRACE OCALA FL 34471-2979 OCALA FL 34471

## **FILED** Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90042 022 \*\*\*150.00



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2. Principal P	race of Busin	less	3. Mailing Address				R INCHINIA DAD BARK DANK BENER INBIN KODO BROKK DIDIN BARKI BEDAR DIDIN BARKI TEDAR				
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
			City & State		4. FEI Number 59-3001870				Applied For Not Applicable		
Zip Country			Zip Country		itry	5. Certificate of Status Desired					
	6. Name	and Address of Current Re	egistered Agent			7. Nar	ne and Address	of New Register	ed Agent		
					Name						
818	FFMAN, LLO S.E. 34TH LA FL 3267	TERRACE			Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above	named entity	y submits this statement for t	he purpose of changing it	ts register	ed office or regis	stered agent	, or both, in the	State of Florida.			
SIGNATURE .											
OIGHAN ONE	Signature, typed	or printed name of registered agent and	title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when reinsl	ating)	DA	TE		
Tax filing r	-	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			)0		mpaign Financing Contribution.		.00 May Be led to Fees	
11.		OFFICERS AND D	RECTORS	12.		ADDI	TIONS/CHANGE	S TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	D	<u> </u>	☐ Delete	TITLE	E				Change		
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CITY-ST-ZIP				CITY	-ST-ZIP						
13. I hereby o	certify that the	e information supplied with th	nis filing does not qualify f	for the exe	mption stated in	Section 11	9.07(3)(i), Florida	a Statutes. I further	certify that the	a 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: