

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72361

1. Entity Name

C & S LAWN MAINTENANCE AND LANDSCAPING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 034 ***150.00

Principal Place of Business

6611 MOORE STREET
ORLANDO FL 32818

Mailing Address

6611 MOORE STREET
ORLANDO FL 32818-5944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3055758

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

RUBINO, NICHOLAS J.
250 NORTH ORANGE AVENUE
SUITE 1001
ORLANDO FL 32801

Name

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

159 Lookout Place

Suite 101

City

Maitland

FL

Zip Code

32751

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	SHARP, ROBERT	
STREET ADDRESS	6611 MOORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BURRIS, BRENDA	
STREET ADDRESS	9123 BATON ROUGE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHARP, COLLEEN	
STREET ADDRESS	6611 MOORE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURRIS, MICHAEL	
STREET ADDRESS	9123 BATON ROUGE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda K. Burris **SECRETARY** 4/14/00 407-298-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)