2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **L84373**

1. Entity Name
BAYSIDE LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
C/O MARK THOMAS 10263 WATERFORD AVE. ENGLEWOOD FL 34224	C/O MARK THOMAS 10263 WATERFORD AVE. ENGLEWOOD FL 34224

2. Principal Place of Business	3. Mailing Address
C/O MARK THOMAS	C/O MARK THOMAS
Suite, Apt. #, etc.: 11967 TETZEL AVE.	Suite, Apt. #, etc.: 11967 TETZEL AVE.
City & State: PORT CHARLOTTE FL	City & State: PORT CHARLOTTE FL
Zip: 33981 Country:	Zip: 33981 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0220108** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MARK
10263 WATERFORD AVE.
ENGLEWOOD FL
34224

7. Name and Address of New Registered Agent

Name: THOMAS MARK PRESIDE
Street Address (P.O. Box Number is Not Acceptable): 11967 TETZEL AVE.
City: PORT CHARLOTTE **FL** Zip Code: 33981

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 MARK THOMAS 04/19/2001
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, 2001 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	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	THOMAS, MARK		NAME	THOMAS, MARK	
STREET ADDRESS	10263 WATERFORD AVE.		STREET ADDRESS	11967 TETZEL AVE.	
CITY-ST-ZIP	ENGLEWOOD FL		CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: MARK THOMAS PRES 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #