

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64585

1. Entity Name

CAL S LAWN EQUIPMENT INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90028 015 ***150.00

Principal Place of Business

Mailing Address

~~1151 KAPP DRIVE~~ 1872 N. Hercules Ave
 CLEARWATER FL 33765
 US

~~1151 KAPP DRIVE~~ 1872 N. Hercules Ave
 CLEARWATER FL 33765-2114
 US

2. Principal Place of Business

1872 N. Hercules Ave

3. Mailing Address

1872 N. Hercules Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Fl

City & State

Clearwater, Fl

4. FEI Number

59-2871246

Applied For

Not Applicable

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

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

NISLY, CAL
 2272 BIRCHBARK TR.
 CLEARWATER FL 33765

Name

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

City

FL

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.

SIGNATURE CAL NISLY

PRES.

1-6-2000

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 ☐ Delete
 NAME P
 STREET ADDRESS NISLY, CAL
 CITY-ST-ZIP 2272 BIRCHBARK TRAIL
 CLEARWATER FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS NISLY, ORPHA
 CITY-ST-ZIP 2272 BIRCHBARK TRAIL
 CLEARWATER FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Orpha Nisly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 727-461-0169
 Date Daytime Phone #

CR2E034 (9/99)