

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001781

1. Entity Name

MARKHAM'S LAWN MAINTENANCE, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90079 016 ***150.00

Principal Place of Business

8190 ALDERMAN ROAD
MELROSE FL 32666

Mailing Address

~~8190 ALDERMAN ROAD~~
~~MELROSE FL 32666~~

2. Principal Place of Business

1609 SW 86 TERR

3. Mailing Address

P.O. BOX 141594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2982338

Applied For

Not Applicable

Zip

32614

Country

Alachua

Zip

32614

Country

Alachua

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

TAYLOR, JAMES J JR
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656

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

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 ☐ Delete
NAME D
STREET ADDRESS MARKHAM, MICHAEL T
CITY-ST-ZIP ~~8190 ALDERMAN ROAD~~
~~MELROSE FL 32666~~

TITLE ☒ Change ☐ Addition
NAME P.O.B.
STREET ADDRESS 141594
CITY-ST-ZIP Gainesville, FL 32614

TITLE ☐ Delete
NAME D
STREET ADDRESS MARKHAM, MARY K
CITY-ST-ZIP ~~8190 ALDERMAN ROAD~~
~~MELROSE FL 32666~~

TITLE ☒ Change ☐ Addition
NAME P.O.B.
STREET ADDRESS 141594
CITY-ST-ZIP Gainesville, FL 32614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

M. Taylor, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-01

Date

352-333-9181

Daytime Phone #

CR2E034 (10/00)