

2001 UNIFORM BUSINESS REPORT (UBR)

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0112465 AT

DOCUMENT # P00000018919

1. Entity Name
MCGREGORS LAWN CARE, INC.

FILED

01 JUL 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
17313 NW 46TH AVE.
ALACHUA FL 32615

Mailing Address
17313 NW 46TH AVE.
ALACHUA FL 32615

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Fee Number 59-3123961 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

HOWDEN, JOHN C
17313 NW 46TH AVE.
ALACHUA FL 32615

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME HOWDEN, JOHN C
STREET ADDRESS 17313 NW 46TH AVE.
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE D ☐ Delete
NAME HOWDEN, ELIZABETH M
STREET ADDRESS 17313 NW 46TH AVE.
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)

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P0000018919

McGregors Lawn Care, Inc.
17313 NW 46th Avenue
Alachua, Florida 32615
352-472-6423 Phone

July 13, 2001

Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern,

This letter is a request for abatement of penalty. Starting in December my father became very ill and I spent a lot of time traveling back and forth to Tennessee until he passed away in April. With everything going on I didn't realize I had not mailed my report until I received the second notice. It would have made more sense for me to file on time and pay the \$150.00 instead of putting it off and paying a \$400.00 penalty. Please take this matter into consideration.

Thank you,

John Howden
President

JH/lw

cc:file

