

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019448

1. Entity Name

LAWN PRO LAWN CARE & MAINTENANCE, INC.

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-23-2001 91160 027 ***150.00

75652



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12421 CLIFF SWALLOW COURT
JACKSONVILLE FL 32225

Mailing Address

12421 CLIFF SWALLOW COURT
JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL 32225

City & State

Jacksonville, FL

4. FFL Number

59-3496350

Applied For

Not Applicable

Zip

Country

32225

US

Zip

Country

32225

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOHER, DOUGLAS A ESQ.
BAUMER, BRADFORD & WALTERS, P.A.
50 N. LAURA STREET - SUITE 2200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOLAN, JEFFREY J MR.
12421 CLIFF SWALLOW COURT
JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOLAN, CATHERINE L MRS.
12421 CLIFF SWALLOW COURT
JACKSONVILLE FL 32225

☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/01 9047593397

CR2E034 (10/00)