

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90200 043 \*\*\*158.75

**DOCUMENT #** PO 000 00 23655  
**1. Entity Name**  
 PROMISE LAND LAWN MAINTENANCE INC.

**Principal Place of Business** **Mailing Address** SAME AS BUSINESS  
 10360 W. PAMONDEHO CIRCLE  
 CRYSTAL RIVER, FL. 34428

**2. Principal Place of Business** **3. Mailing Address**  
 10360 W. PAMONDEHO CIRCLE 10360 W. PAMONDEHO CIRCLE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

00057008

DO NOT WRITE IN THIS SPACE

**City & State** **City & State** **4. FEI Number** **Applied For**  
 CRYSTAL RIVER, FL. CRYSTAL RIVER, FL. 59-3629753 Not Applicable  
**Zip** **Country** **Zip** **Country**  
 34428 Citrus 34428 Citrus  
**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**  
 SPIEGEL & UTTERA PA.  
 343 ALMERIA AVE  
 CORAL GABLES, FL. 33134  
**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 resigning) **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	PAMELA S. ROGERS		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	10360 W. PAMONDEHO CIRCLE		<b>CITY-ST-ZIP</b>		
	CRYSTAL RIVER, FL 34428				
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
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<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** Pamela S. Rogers President 5-8-2001 352-795-4665  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)