

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90299 045 ***150.00

DOCUMENT # P00000028211

1. Entity Name

CARDINAL TOTAL LAWN CARE, INC.

Principal Place of Business

331 STERLING LAKE DRIVE
OCOE FL 34761

Mailing Address

P.O. BOX 908
CLARCONA FL 32710

2. Principal Place of Business

8519 Rose Groves Rd

3. Mailing Address

P O BOX 516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Clarcona, FL

4. FEI Number

59-326 6147

Applied For

Not Applicable

Zip

32818

Country

Orange

Zip

32710

Country

Orange

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

HILLERICH, JAMES R

331 STERLING LAKE DRIVE
OCOE FL 34761

Name

Herbert C. Roberson, JR.

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

8519 Rose Groves Rd

City

Orlando

FL

Zip Code

32818

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

Herbert C. Roberson, Jr. (President)

4-26-01

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 (P) President ☒ Delete
NAME Hillerich, James R
STREET ADDRESS 331 STERLING LK DR.
CITY-ST-ZIP OCOE FL 34761

TITLE (P) President ☒ Change ☐ Addition
NAME Herbert C Roberson JR
STREET ADDRESS 8519 ROSE GROVES RD.
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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: Herbert C Roberson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2001 407-299-7035

Date

Daytime Phone #

HERBERT C Roberson Jr.

1613176

CR2E034 (10/00)