

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90006 036 ***150.00

DOCUMENT # P000 000 67458
1. Entity Name
J-D'S PROFESSIONAL LAWN SERVICE INC

Principal Place of Business **Mailing Address**
1692 HAMPTON LANE
PALM HARBOR FL 34683

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659105 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
Name SEAN K. DOWNES
Street Address (P.O. Box Number is Not Acceptable)
1692 HAMPTON LANE
City PALM HARBOR **FL** **Zip Code** 34683

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] **DATE** 4-23-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make/Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS		
CITY - ST - ZIP	CITY - ST - ZIP		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] **DATE** 4-23-01 **Daytime Phone #** 727-798-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)