

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90038 005 ***150.00

0047492 AV

DOCUMENT # P00000068627

1. Entity Name

TJN LAWN CARE, INC.

Principal Place of Business

2433 TRANSMITTER ROAD
 PANAMA CITY FL 32404

Mailing Address

2433 TRANSMITTER ROAD
 PANAMA CITY FL 32404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2433 Transmitter Rd.

3. Mailing Address

2433 Transmitter Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL.

City & State

Panama City, FL.

Zip

32404

Country

USA

Zip

32404

Country

USA

4. FEI Number

59-3659861

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

SOMBATHY, JULIE ANN

434 MAGNOLIA AVENUE

PANAMA CITY FL 32401

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)

4/23/2002
 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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **NOLAN, THOMAS J SR.**
 CITY-ST-ZIP **2433 TRANSMITTER ROAD**
PANAMA CITY FL 32404

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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:

Thomas J. Nolan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002
 Date

Daytime Phone #

CR2E034 (9/01)