

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087401

1. Entity Name  
AMERICAN TURF LAWN SERVICES, INC.

Principal Place of Business  
1465 ST. GEORGE LANE  
PUNTA GORDA FL 33983

Mailing Address  
1465 ST. GEORGE LANE  
PUNTA GORDA FL 33983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1046825

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

CHAMBERS, THOMAS P  
1465 ST. GEORGE LANE  
PUNTA GORDA FL 33983

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  
PD  
CHAMBERS, THOMAS P  
1465 ST. GEORGE LANE  
PUNTA GORDA FL 33983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
CHAMBERS, CAROL A  
1465 ST. GEORGE LANE  
PUNTA GORDA FL 33983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Thomas P. Chambers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-01

Daytime Phone #

941-625-5321

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90085 019 \*\*\*150.00

00065432



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)