

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-12-2001 90423 044 ***150.00

DOCUMENT # P00000092410

1. Entity Name

IMMACULATE LAWN SERVICE, INC.

Principal Place of Business

**2817 BOWER RD.
WINTER PARK FL 32792**

Mailing Address

**2817 BOWER RD.
WINTER PARK FL 32792**

2. Principal Place of Business

**1212 TURISSI BLVD
Suite, Apt. #, etc.**

3. Mailing Address

**1212 TURISSI BLVD
Suite, Apt. #, etc.**

33421



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3667666

Applied For

Not Applicable

Zip

32807

Country

ORANGE

Zip

32807

Country

ORANGE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, STAN
2817 BOWER RD.
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

**Name: KING, STAN
Street Address (P.O. Box Number is Not Acceptable): 1212 TURISSI BLVD
City: ORLANDO FL Zip Code: 32807**

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 Stan King **STAN KING PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

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	PSTD	<input type="checkbox"/> Delete
NAME	KING, STAN	
STREET ADDRESS	2817 BOWER RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	KING, STAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES	
STREET ADDRESS	1212 TURISSI	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	GOODMAN, LOREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2817 BOWER ROAD	
STREET ADDRESS	WINTER PARK FL 32792	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stan King **STAN KING PRES** **3-9-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)