

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90180 048 \*\*\*150.00

**DOCUMENT # P01000067757**

**1. Entity Name**  
**US LAWN OF TALLAHASSEE, INC.**

**Principal Place of Business**

**416 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

**Mailing Address**

**416 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

**2. Principal Place of Business**

**255 SKATE DRIVE**

Suite, Apt. #, etc.

**3. Mailing Address**

**255 SKATE DRIVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>TALLAHASSEE FLORIDA</b>		City & State <b>TALLAHASSEE FLORIDA</b>		4. FEI Number <b>59 3736492</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32312</b>	Country <b>LEON</b>	Zip <b>32312</b>	Country <b>LEON</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**JOHNSON, THOMAS L**  
**416 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

**7. Name and Address of New Registered Agent**

Name **JOHNSON, THOMAS L**  
 Street Address (P.O. Box Number is Not Acceptable)  
**255 SKATE DRIVE**  
 City **TALLAHASSEE** FL Zip Code **32312**

**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 **CHANGE OF ADDRESS ONLY : Thomas L Johnson**  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, THOMAS L 416 TIMBERLANE ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, CRAIG T 416 TIMBERLANE ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARMON, SANDRA 416 TIMBERLANE ROAD TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5D - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>GARMON</del> JOHNSON, SANDRA 255 SKATE DRIVE TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 L Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02** **(80)**  
 Date Daytime Phone # **942-4533**

CR2E034(9/01)