

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90134 033 ***150.00

DOCUMENT # P01000075319

1. Entity Name

MANATEE LAWN & PLANT CARE, INC.

Principal Place of Business

**1422 CENTER ST
 OCOEE FL 34761**

Mailing Address

**1422 CENTER ST
 OCOEE FL 34761**

2. Principal Place of Business

**930 Carter Rd.
 Suite, Apt. #, etc.
 # 234**

3. Mailing Address

**P.O. Box 1039
 Suite, Apt. #, etc.
 Ocoee, FL**

City & State

Winterbarden, FL

City & State

(34761-) Orange

Zip

34787

Country

Orange

Zip

1039

Country

4. FEI Number

59-3731178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, SCOTT C ESQUIRE
 37 N ORANGE AVE, SUITE 200
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
 NAME **HATFIELD, BILL**
 STREET ADDRESS **2260 LAKE PICKETT RD**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** ☐ Delete
 NAME **PAYNE, THOMAS**
 STREET ADDRESS **1422 CENTER ST**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Payne, President 1-17-02 407-578-8066

CR2E034 (9/01)