

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 017 ***150.00

DOCUMENT # P01000113140

1. Entity Name

TOTAL LAWNSCAPE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3755 CANOE CREEK RD

3. Mailing Address

3755 CANOE CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. CLOUD, FLORIDA

City & State

ST. CLOUD, FLORIDA

4. FEI Number

59-3756285

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

34772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEITH MCCORMICK

Street Address (P.O. Box Number is Not Acceptable)

3755 CANOE CREEK RD

City

ST. CLOUD

FL

Zip Code
34772

**DO NOT WRITE
IN THIS SPACE**

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

Keith B. McCormick

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

(NOTE: Registered Agent signature required when amending)

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
KEITH MCCORMICK
3755 CANOE CREEK RD
ST. CLOUD, FLORIDA 34772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith B. McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Daytime Phone: #

CR2E034B (12/01)