

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 014 ***150.00

DOCUMENT # P93000051202
1. Entity Name
 Executive Lawn Services of Orlando, Inc.

Principal Place of Business **Mailing Address** *same*
 9427 Lakeshore Dr.
 Clermont Fl. 34711

2. Principal Place of Business 9427 Lakeshore Dr. Suite, Apt. #, etc. Clermont City & State Florida Zip 34711	3. Mailing Address <i>same</i> Suite, Apt. #, etc. <i>same</i> City & State <i>same</i> Zip <i>same</i>	Country USA
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5535 ⁸⁷

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Susan Brown-Zombo
 9427 Lakeshore Dr.
 Clermont, Fl. 34711

4. FEI Number 59-3191133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 *Susan Brown-Zombo* **DATE** 4/15/01
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth L. Zombo 9427 Lakeshore Dr. Clermont, Fl. 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Susan Brown-Zombo 9427 Lakeshore Dr. Clermont, Fl. 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Susan Brown-Zombo* **Susan Brown-Zombo** **DATE** 4/15/01 **Daytime Phone #** 352-394 5687

CR2E034 (11/00)