

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

DOCUMENT # **P93000066767**

1. Entity Name

Given Lawn Management, Inc.

DO NOT WRITE IN THIS SPACE

FILED

02 AUG 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200007293252--6
-08/22/02--01078--011
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 Woodland Hills Ave.

Suite, Apt. #, etc.

3. Mailing Address

2801 Woodland Hills Ave.

Suite, Apt. #, etc.

City & State

Lakeland

FL

Zip

33803

Country

City & State

Lakeland

FL

Zip

33803

Country

4. FEI Number

593206242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Given

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

2801 Woodland Hills Ave

City

Lakeland

FL

Zip Code

33803

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)

8/06/02

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

Amended
Office Manager D.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Bonnie Given
2801 Woodland Hills Ave. Lakeland FL
33803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
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)(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 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 #

8/7/02

863-619-4248