

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001976

1. Entity Name

BIG E LAWN SERVICE, INC.

APPROVED  
AND  
FILED

00 JUL 24 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Principal Place of Business

Mailing Address

7701 WAVERLY WOODS TER  
LAKE WORTH FL 33463

P.O. BOX 7044  
LAKE WORTH FL 33466-7044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0463956

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, LORRIE  
4784 WAVERLY WOODS TER  
LAKE WORTH FL 33463

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, 2000 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 VP ☐ Delete  
NAME TORRES, ELVIN  
STREET ADDRESS 4784 WAVERLY WOODS TER  
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE DPST ☐ Delete  
NAME TORRES, LORRIE  
STREET ADDRESS 4784 WAVERLY WOODS TER  
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: X

LORRIE TORRES, PRES.

01/08/00

(561) 642-9979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ATT, TO  
DIVISION OF CORPORATIONS

DUE TO THE DEATH OF MY ACCOUNT I AM LATE SENDING IN MY FORMS  
IF YOU NEED PROF I CAN REQUEST HIS DEATH PAPERS, IT WAS  
R. CARRION OF CARRION SERVICES,  
P.O. BOX 97-0329  
COCONUT CREEK, FL 33097-0329  
EIN# 1315501  
SSN# 084-22-6383

7-10-00  
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THANK YOU  
BIG E LAWN INC,  
LORRIE TORRES OWNER  
4784 WAVERLY WOODS TER.  
LAKE WORTH FL 33463  
561-642-9979

P94000001976  
