

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004155

1. Entity Name

LILLY POND LAWN MAINTENANCE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 005 ***150.00

Principal Place of Business

Mailing Address

2075 SCOTT AV
W. PALM BCH FL 3349
US

P.O. BOX 220777
WEST PALM BEACH FL 33422-0777

2. Principal Place of Business

3. Mailing Address

2215 N. Military Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

City & State

W. Palm Beach FL

4. FEI Number 65-0461339

Applied For

Not Applicable

Zip

Country

Zip

Country

33409

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

LEWIS, TOBY R.
2075 SCOTT AVENUE
201
WEST PALM BEACH FL 33409

Name

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

2115 N. Military Trail

Suite F

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEWIS, TOBY R
CITY-ST-ZIP 4241 LARCH AVENUE
PALM BEACH GARDENS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LEWIS, SHELIA
CITY-ST-ZIP 4241 LARCH AVENUE
PALM BEACH GARDENS FL

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Delete
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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:

SIGNATURE REQUIRED
Toby R. Lewis

Date

Daytime Phone #

1/5/00

561 689 4422