## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000028706** 1. Entity Name

## TURF CARE & LANDSCAPING, INC.

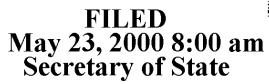
Principal Place of Business

Mailing Address

13747 65TH ST. N. LARGO FL 33771

13747 65TH ST. N. LARGO FL 33771-4969

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05-23-2000 90250 043 \*\*\*150.00



Suite, Apt. #, etc.  Suite, Apt. #, etc.		J. Malimy G. 1887-885			)  <b>  </b>	HE BILL LEBY	
			DO NOT WRITE IN T				
City & State	е	City & State		<b>4.</b> F	59-3237165		oplied For
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent		-7:-N	Name and Address of New Registe	red Agent	
GLEESON, WENDI			Name	Name .~			
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
10250 HAZEL ST N.							
LARG	GO FL 33778						ŀ
			City			FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	istered ag	ent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	The state of the s	Out the self-transfer of		- Cartesian N	ATE	
	Signature, typed or printed name of registered agent an	<del></del>	Registered Agent signature re	quired when re	T		<del>:</del>
	oration is eligible to satisfy its Intangible		! FEE IS \$150.00	••	10. Election Campaign Financing	<b>55.0</b>	<b>10</b> May Be
_	equirement and elects to do so.	Make Check Payabl	0 Fee will be \$550.		Trust Fund Contribution.	☐ Ádded	d to Fees
11.	OFFICERS AND D	_ <u> </u>	12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	V OFFICERS AND L	Delete	TITLE		DETTONO OF TARGET TO OFFICE ITS	☐ Change	Addition
NAME	GLEESON, WENDI	☐ Delete	NAME				
STREET ADDRESS	10250 HAZEL ST N.		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP				
TITLE	PST	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	GLEESON, STEVEN		NAME				
STREET ADDRESS	10250.HAZEL.ST.N.		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	LARGO FL 33778					Change	Addition
title Name		☐ Delete	TITLE NAME			☐ Change	∐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				•
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE		<u> </u>	Change	☐ Addition
NAME			NAME			_ •	_
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
13. I hereby	certify that the information supplied with t	his filing does not qualify for	the exemption stated	in Section	119.07(3)(i), Florida Statutes. I furthe	er certify that the in	nformation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE: