## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2000 8:00 an Secretary of State OCUMENT # P94000045129 TO COMMERCIAL MOWING, INC. 03-16-2000 90099 040 \*\*\*150.00 Hace of Business Mailing Address SAM ALLEN RD. 2101 SAM ALLEN RD. PLANT CITY FL 33565-5043 **CITY FL 33565** 60030711 Principal Place of Business ALLEN RP W SAM Allen DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State w & State 4. FEI Number 59-3254680 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 City FL Zip Code above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tee criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition □ Delete MCLOUGHLIN: NANCY S 2101 SAM ALLEN RD. CITY-ST-ZIP ST-ZIP PLANT CITY FL 33565 Change ☐ Addition ☐ Delete TITLE NORTHCUT, CYNTHIA L NAME 2101 SAM ALLEN RD. STREET ADDRESS CITY-ST-ZIP ST. 719 PLANT CITY FL 33565 ☐ Change ☐ Addition TITI F Delete GORDON: PAMELA C NAME STREET ADDRESS 2101 SAM ALLEN RD. CITY-ST-ZIP ST ZIP PLANT CITY FL 33565 Change ■ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP - 7IP Addition ☐ Change Delete TITLE NAME STREET ADDRESS vibrat de CITY-ST-ZIP . ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-\$T-ZIP 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 this report or suppliemental 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 tine 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 is larged, or on an attachment with an address, with all other like empowered.