

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 047 ***150.00

DOCUMENT # P95000015140

1. Entity Name
OUTWEST LAWNS, INC.

Principal Place of Business 113 NORTH FEDERAL HIGHWAY DANIA FL 33004	Mailing Address 113 NORTH FEDERAL HIGHWAY DANIA FL 33004-2803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11201 N.W. 27TH STREET Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State PLANTATION, FLORIDA	City & State	4. FEI Number 65-0562428	Applied For <input type="checkbox"/> Not Applicable
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Zip 33323	Country BROWARD	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, GERALD J 113 NORTH FEDERAL HIGHWAY DANIA FL 33004	7. Name and Address of New Registered Agent Name ROY B. GRAY Street Address (P.O. Box Number is Not Acceptable) 8820 N.W. 7TH COURT City PEMBROKE PINES FL Zip Code 33024
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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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST HANNA, CARY J <input type="checkbox"/> Delete 12941 SW 15TH STREET DAVIE FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 NW 27TH STREET PLANTATION, FL. 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, CARY J <input type="checkbox"/> Delete 12941 SW 15TH STREET DAVIE FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 N.W. 27TH STREET PLANTATION, FL. 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **5-15-00** **954-444-1151**
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)