

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

DID NO

05-19-2000 90023 021 ***150.00

DOCUMENT # P95000015936

1 Entity Name
LAWNS ETCETERA, INC.

Principal Place of Business
89 Knight Boxx Road
Orange Park, FL 32065

Mailing Address
89 Knight Boxx Road
Orange Park, FL 32065

00044981

2 Principal Place of Business

3 Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4 FEI Number
59-3300594

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

Thomas, L E
89 Knight Boxx Road
Orange Park, FL 32065

7. Name and address of New Registered Agent

Name

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

City

FL

85 Zip Code

8 The abovename 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 12

TITLE **P** DELETE

NAME **Thomas, Leonard E.**

STREET ADDRESS **89 Knight Boxx Road**

CITY-ST-ZIP **Orange Park, FL 32065**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** DELETE

NAME **Thomas, Eddie F.**

STREET ADDRESS **704 S. Dixon Street**

CITY-ST-ZIP **Alma, GA 31510**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

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TITLE Change Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP


TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

14 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Leonard E. Thomas

28-Apr-00

904-276-7064

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #