

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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

DID NO

05-19-2000 90023 021 ***150.00

00044981

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

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

7. Name and address of New Registered Agent

Thomas, L E

89 Knight Boxx Road
Orange Park, FL 32065

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

\$5.00

Trust Fund Contribution

May be

Added to Fees

11 OFFICERS AND DIRECTORS

12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME Thomas, Leonard E.
STREET ADDRESS 89 Knight Boxx Road
CITY-ST-ZIP Orange Park, FL 32065TITLE VP ☐ DELETENAME Thomas, Eddie F.
STREET ADDRESS 704 S. Dixon Street
CITY-ST-ZIP Alma, GA 31510TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(i), 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:

Signature and Typed or Printed Name of Signing Officer or Director

Leonard E. Thomas

Date

28-Apr-00

904-276-7064
Daytime Phone #