2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 12, 2000 8:00 am Secretary of State DOCUMENT # **P95000035370** 1. Entity Name MCGEE'S LAWNMOWER SERVICE INC. 01-12-2000 90019 029 ***150.00 Principal Place of Business Mailing Address 230 SOUTH DIXIE HIGHWAY 230 SOUTH DIXIE HIGHWAY **BOCA RATON FL 33432-4917 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0580589 Not 4: " \$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 Street Address (P.O. Box Number is Not Acceptable BENOIT-GAVINO, VIRGINIA J 5051 SW 94 TERR. COOPER CITY FL 33328 ATON changing its registered office or registered agent, or both, in the State of Florida. amed entity submits this state. 8. The above n SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITI F 030 5. DITIE HUY GAVINO, UGO NAME NAME STREET ADDRESS STREET ADDRESS 5051 SW 94 TERR. CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete TITLE BOCA RATON FL BENOIT-GAVINO, VIRGINIA J NAME NAME STREET ADDRESS 5051 SW 94 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COOPER CITY FL 33328** Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ______ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ______ ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 signifying shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the eceiver 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 attagment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECT

NO TYPED OR PE