

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90021 041 ***150.00

DOCUMENT # P95000036966

1. Entity Name

FPM SERVICES, INC.

Natures Way Lawn Care, Inc.

Principal Place of Business

Mailing Address

5605 WESCONNETT BLVD.
 JACKSONVILLE FL 32244

5605 WESCONNETT BLVD.
 JACKSONVILLE FL 32244-1949

2. Principal Place of Business

2317 S. BASCOMBE AVE

3. Mailing Address

P.O. BOX 405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa FL

City & State

Beverly Hills FL

Zip

34448

Country

Citrus

Zip

34460-0405

Country

Citrus

6. Name and Address of Current Registered Agent

SIMS, JOHN G

5605 WESCONNETT BLVD.
 JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

JASON B. BOOS

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

2317 S. BASCOMBE AVE.

City

Homosassa

FL

Zip Code

34448

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

J B Boos

JASON B. BOOS - President

3/29/00

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

TITLE	B-	<input checked="" type="checkbox"/> Delete
NAME	SIMS, JOHN G	
STREET ADDRESS	5605 WESCONNETT BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON B. BOOS	
STREET ADDRESS	2317 S. BASCOMBE AVE	
CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shanni Lea Boos	
STREET ADDRESS	2317 S. BASCOMBE AVE.	
CITY-ST-ZIP	Homosassa, FL 34448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Shanni Lea Boos* **Shanni Lea Boos** **3/29/00** **352-527-3256**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. Pres./Secretary Date Daytime Phone #