

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044563

1. Entity Name

MARK'S LAWN AND LANDSCAPING, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90032 044 \*\*\*150.00

Principal Place of Business

10621 N.W. 28TH PLACE  
SUNRISE FL 33322-1066  
US

Mailing Address

10621 N.W. 28TH PLACE  
SUNRISE FL 33322-1066  
US

2. Principal Place of Business

11710 N.W. 27th COURT  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

SUNRISE, FL

4. FEI Number

65-0587805

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33345

Country

USA

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

PRESNO, MARK A  
10621 N.W. 28TH PLACE  
SUNRISE FL 33322-1066

Name

PRESNO, MARK A.

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

11710 N.W. 27th COURT

City

Plantation

FL

Zip Code

33323

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

*Mark A. Presno*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4-20-00

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	PSTD	<input type="checkbox"/> Delete
NAME	PRESNO, MARK A	
STREET ADDRESS	10621 N.W. 28TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322-1066	
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		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESNO, MARK A.	
STREET ADDRESS	11710 N.W. 27th COURT	
CITY-ST-ZIP	Plantation, FL 33323	
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		
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: *MARK A. PRESNO, PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4-20-00 X 413-5861