

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046872

1. Entity Name

NATIVE SON LAWN CARE, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90001 027 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business                   | Mailing Address:                                   |
| 1670 SW HACKMAN TERR<br>STUART FL 34997<br>US | 1670 SW HACKMAN TERR<br>STUART FL 34997-7058<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                  |            |   |
|----------------------------------|------------|---|
| 4. FEI Number                    | 65-0561791 | Applied For   |
|                                  |            | Not Applicable  |
| 5. Certificate of Status Desired |            | <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P  
2081 E OCEAN BLVD  
SUITE 2-A  
STUART FL 34996

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_ (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                      | PST <input type="checkbox"/> Delete |
| NAME                       | STUART, CINDY L                     |
| STREET ADDRESS             | 1670 SW HACKMAN TERR                |
| CITY-ST-ZIP                | STUART FL                           |
| TITLE                      | VP <input type="checkbox"/> Delete  |
| NAME                       | STUART, JAMES W.                    |
| STREET ADDRESS             | 1670 SW HACKMAN TERR                |
| CITY-ST-ZIP                | STUART FL                           |
| 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   | <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   |   |
| 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:

*Cindy Stuart, P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/29/00* *5612867276*