

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048373

1. Entity Name

CLIP-A-LAWN, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90039 021 ***150.00

Principal Place of Business Mailing Address
~~8922 ST. REGIS LANE~~ 9011 Greenbriar Ln. ~~8922 ST. REGIS LANE~~ 9011 GREEN-
PORT RICHEY FL 34668 PORT RICHEY FL 34668-4925 briar Ln.

2. Principal Place of Business 3. Mailing Address
9011 GREENBRIAR LN. 9011 GREENBRIAR LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State PORT RICHEY, FL.

City & State PORT RICHEY, FL. 34668

4. FEI Number 59-3320524

Applied For
Not Applicable

Zip 34668

Country Pasco

Zip 34668

Country PASCO

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

CAROL A SMITH
~~8922 ST. REGIS LN.~~ 9011 Greenbriar Ln.
PT RICHEY FL 34668

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SMITH, RONALD W
STREET ADDRESS ~~8922 ST. REGIS LANE~~ 9011 Greenbriar Ln.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SMITH, CAROL A
STREET ADDRESS ~~8922 ST. REGIS LANE~~ 9011 Greenbriar Ln.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(l), 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:

Ronald W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. + OWNER

RONALD W. SMITH 4-26-00

Date

727-241-8306

Daytime Phone #

CR2E034 (9/99)