

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90063 047 \*\*\*150.00

**DOCUMENT # P95000085536**

1. Entity Name

**TNT LAWN CARE INC.**

Principal Place of Business

Mailing Address

210 LAS PALMAS ST.  
 ROYAL PALM BEACH FL 33411

P.O. BOX 211292  
 RPB FL 33421-1292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0632166**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**629704**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THOMASSON, TIM C**  
**210 LAS PALMAS ST.**  
**ROYAL PALM BEACH FL 33411**

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.

**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	<input type="checkbox"/> Delete
NAME	THOMASSON, TIM C	
STREET ADDRESS	210 LAS PALMAS ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, GEOFFREY	
STREET ADDRESS	1020 GRANDVIEW CIR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMOSSON, KELLI J	
STREET ADDRESS	210 LOS PALMAS ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

CR2E034 (9/99)