6/22/00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT: P95000097425

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00065734

1. Entity Name
Island Lawn Services, Inc.

R

Principal Place of Business	Mailing Address
299 Starkey Road 305 Largo, Fl 33771	P.O. Box 17004 Clearwater, Fl 33762

DO NOT WRITE IN THIS SPACE
6/22/00 90050/017 $150.00

2. Principal Place of Business	3. Mailing Address
1299 Starkey Road	P.O. Box 17004
Suite, Apt. #, etc. # 305	Suite, Apt. #, etc.
City & State Largo Fl	City & State Clearwater Fl
Zip / Country 33771 / U.S.A.	Zip / Country 33762 / U.S.A

4. FEI Number
59-3359661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kelly J. Bradshaw
4501 37th Street S.
St. Petersburg, Fl 33711

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

Kelly Bradshaw 5/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
President Kelly J Bradshaw 4501 37th Street S. St. Petersburg Fl 33711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Secretary Karlyn M. Bradshaw 4501 37th Street S. St. Petersburg, Fl 33711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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/CR2E034 (9/99)

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: Kelly Bradshaw 5/15/00 727-538-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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