

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90372 004 \*\*\*150.00

**DOCUMENT # P96000005990**

1. Entity Name

**LAWNS BY J & S SERVICES, INC.**

Principal Place of Business

**2280 AVOCADO AVE. UNIT #3  
 MELBOURNE FL 32935  
 US**

Mailing Address

**P.O. BOX 360548  
 MELBOURNE FL 32935  
 US**

A0065647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**PO Box 361545**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Melbourne FL**

4. FEI Number **59-3356888**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**32936**

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

**HUNT, JIMMY D  
 2569 LEEWOOD BLVD.  
 MELBOURNE FL 32935**

Name

**HUNT Jimmy D**

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

**984 ELMSFORD ST NW**

City

**PAUM BAY**

FL

Zip Code

**32907**

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, 2001 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 **D** ☐ Delete  
 NAME **HUNT, JIMMY D**  
 STREET ADDRESS **2569 LEEWOOD BLVD.**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
 NAME **HUNT Jimmy D**  
 STREET ADDRESS **984 ELMSFORD ST NW**  
 CITY-ST-ZIP **PAUM BAY FL 32907**

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)(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:

**Jimmy D Hunt**

**4-3-01**

**321 253 9554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)