

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
 02-21-2001 90069 029 ***150.00

DOCUMENT # P96000006820

1. Entity Name
PREMIER LAWN AND LANDSCAPE, INC.

Principal Place of Business
~~ROUTE 4, BOX 1590~~
 HAVANA FL 32333

Mailing Address
 P.O. BOX 1086
 HAVANA FL 32333
 US

2. Principal Place of Business
10382 FL GA Hwy

Suite, Apt. #, etc.

City & State
HAWAII HI

City & State

Zip
32333

Country
U.S.A

Zip

Country

6. Name and Address of Current Registered Agent

~~WHIDDON, WAYNE~~
~~ROUTE 4, BOX 1590~~
~~HAVANA FL 32333~~

10382 FL GA Hwy

4. FEI Number **59-3362971**

Applied For
 Not Applicable

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

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 **Wayne Whiddon PRES.** **02/12/01**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	WHIDDON, WAYNE	ROUTE 4, BOX 1590 HAVANA FL 32333	<input type="checkbox"/>
	S	WHIDDON, CELESE	ROUTE 4, BOX 1590 HAVANA FL 32333	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Wayne Whiddon** **WAYNE WHIDDON PRES.** **02/12/01** **850 539 7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)