

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 17, 2000 8:00 am
Secretary of State

03-24-2000 90067 046 ***150.00

DOCUMENT # P96000007185
1. Entity Name
 TRI COUNTY MOWING INC

Principal Place of Business **Mailing Address**
 135 N Hathaway Ave P.O. Box 397
 BRONSON, FL 32621 BRONSON, FL 32621

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3358021 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

~~90067046~~
402854

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 TONY B. WEEKS Sr
 P.O. Box 397 135 N. Hathaway Ave
 Bronson, FL 32621

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 *Tony B Weeks* **TONY B WEEKS Sr President** **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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TONY B WEEKS SR P.O. Box 397 - 135 N Hathaway Ave BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TONY B WEEKS JR P.O. BOX 397-135 N. Hathaway Ave BRONSON, FL 32621 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TONY B. WEEKS JR P.O. BOX 397-135 N. Hathaway Ave BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Tony B Weeks* **TONY B WEEKS Sr** **352-486-2131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)