

# 2000 UNIFORM BUSINESS REPORT (UBR)

98192

DOCUMENT # P96000018806

1. Entity Name  
SOUTH FLORIDA LAWN, INC.

FILED

00 JUL 24 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1541 S.E. PORT ST. LUCIE BLVD., SUITE A  
PORT ST. LUCIE FL 34952

Mailing Address  
1541 S.E. PORT ST. LUCIE BLVD., SUITE A  
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0654378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MECCA, DENNIS  
1541 S.E. PORT ST. LUCIE BLVD., SUITE A  
PORT ST. LUCIE FL 34952

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)

7/29/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
D  
MECCA, DENNIS  
1541 S.E. PORT ST. LUCIE BLVD., SUITE A  
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/00  
Date

Daytime Phone #

CR2E034 (5/00)

pg 2 of 2

**SOUTH FLORIDA LAWNS, INC  
1541 SE PT ST LUCIE BLVD. SUITE A  
PT ST LUCIE, FLORIDA .34952**

**PHONE # 561-337-2443**

July 20, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

ATT Katherine Harris  
Secretary of State

RE Corporate Annual report for year 2000  
South Florida Lawns, Inc  
Doc # P96000018806

Dear Ms Harris

I work in the Lawn and Gardens maintenance business, therefore I am always in the field and I met today with my accountant Mr. Noel E. Escobar (954) 474-5425 to do a six month accounting for my Company and he discovered this second notice for the filing of the 2000 annual report had not been filed.

I am a small businessman and since this is the first time this has occurred, I hereby request that you accept the \$ 150.00 enclosed for the filing.

Sincerely Yours



Dennis Mecca  
Company President