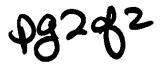
## 2000 HNIEODM BIIGINEGG DEDODT /HRD\

2000 UNIFORM BUSINESS REPORT (UBR)				9819	<b>12</b>	
DOCUMENT # P96000	018806			, , ,		
SOUTH FLORIDA LAWNS, INC.				FILED		
2.00				00 JUL 24 PM 12: 24		
Principal Place of Business Mailing Address  1541 S.E. PORT ST. LUCIE BLVD SUITE A 1541 S.E. PORT ST. LUCIE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952		FRIVO SHITE A			•	
				SECRETARY OF STATE TALEAHASSEE, FLORIDA		
					FI 17 <b>10</b> 1 1 <b>214</b> 1 2 <b>0</b> 211 <b>32</b> 12 <b>8 1</b> 021 1 <b>24</b> 1	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & State	City & State		4. [	FEI Number 65-0654378	Applied For Not Applicable	
Zip Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current	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 Ad	Street Address (P.O. Box Number is Not Acceptable)			
		City FL Zip Code				
8. The above named entity submits this statement for	r the purpose of changing its	registered office or r	egistered ag			
SIGNATURE				7/20/	LOP	
Signature, typed or printed name of registered agent	<del></del>	E: Registered Agent signature				
Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER 13 Make Check Payable			e \$750.00 of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND	DIRECTORS Delete	12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11  Change Addition	
	DORESS 1541 S.E. PORT ST. LUCIE BLVD., SUITE A				E Change TANKHON C	
TITLE NAME	☐ Delete		900003349 <b>5</b> -08/08/0001065		-01065002	
EET ADDRESS.		NAME STREET ADDRESS CITY-ST-ZIP	-	****150.00	) ****150.00	
LE Delete		TITLE			Change Addition	
ET ADDRESS		NAME Street Address				
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP			☐ Change ☐ Addition	
NAME	_ book	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	. TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE Delete		TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			SP	
CITY-ST-ZIP  13. I hereby certify that the information supplied with	this filing does not qualify fo	CITY-ST-ZIP r the exemption state	d in Section	119.07(3)(i), Florida Statutes. I further of	certify that the information	
indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address, v	true and accurate and that rowered to execute this report	ny signature shall ha as required by Chap	/e the same I	legal effect as if made under oath; that	I am an officer or director	

## SOUTH FLORDA 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.

Sineerely Yours

Dennis Mecca Company President