2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000022210** 1. Entity Name JIMMY'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 191 APT MIAN US

FILED May 13, 2000 8:00 am Secretary of State 05-13-2000 90002 040 ***150.00

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APT 317 Alami Fl. 33172		191 NW 97TH AVENUE APT 317 MIAMI FL 33172-4158 US 3. Mailing Address Suite, Apt. #, etc.				(1 03 00 101 11 1	16118 Olihi OG)U: #31	121 06 212 03 12 0 221	PP (1918 (19 1 8)			
2. Principal Place of Business Suite, Apt. #, etc. City & State						DO NOT WRITE IN THIS SPACE						
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			City & State	City & State		4. F	FEI Number 65-0655655		55 55	Applied For Not Applicable		
Zip		Country	Zip	Count	ry	5. 0	Certificate of	Status Desired		\$8.75 Ac	dditional	
	6. Name	and Address of Current F	l Registered Agent	-		- 7. N	ame and A	idress of New	Registered .			
	¥ .				Name							
OLIVAS, JAIME 191 NW 97TH AVE, #317 MIAMI FL 33172					Street Address (P.O. Box Number is Not Acceptable)							
INDE	um 1 2 00 171	-			City	_			FL	Zip Co	de	
 -										<u> </u>		
8. The above	e named entit	y submits this statement for	the purpose of changing it	.s registere	d office or regis	stered age	ent, or both, I	n the State of F	iorida.			
SIGNATURE												
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable (NO	TE: Registered	t Agent signature requ	uired when rei	instating)		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 S					on Campaign F Fund Contributi			00 May Be ad to Fees	
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	HANGES TO OF	FICERS AND	DIRECTO	RS IN 11	
TITLE	DPV		Delete	TITLE						Change	Addition	
NAME	OLIVAS,			NAME	E Et address							
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	97TH AVE, STE #317			-ST-ZIP							
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NAME	OLIVAS,	KARLA		NAME	_							
STREET ADDRESS	191 NW	07TU AVE ČTE #217		14, 7.1.	5					Cge		
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indicated on this report or supplied with this ming 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 suppliemental 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: