

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90009 044 ***150.00

0114049 AT

DOCUMENT # P96000024514

1. Entity Name

COMPLETE & TOTAL LAWN CARE, INC.

Principal Place of Business

**300 COUNTY ROAD 427, SUITE 306
 LONGWOOD FL 32750**

Mailing Address

**P.O. BOX 951803
 LAKE MARY FL 32795-1803**

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

59-3374482

Applied For

Not Applicable

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

**MCMENEMY, BRUCE
 300 CR 427TH, SUITE 306
 LONGWOOD FL 32750**

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)

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 12, 2001 Fee 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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **FRANZESE, NICHOLAS L**
 CITY-ST-ZIP **300 COUNTY ROAD 427, SUITE 306
 LONGWOOD FL 32750**

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

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

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

Date

Daytime Phone #

President

NICHOLAS L FRANZESE 7/18/01 6469090

CF2E034 (5/01)

7/18/01 P14000024574
BOD 6/25/01

To Whom It May Concern

Per conversation with Robin in your customer service department today, this letter is to inform you this is the 2nd time I have mailed to you the 2001 Uniform Business Report. The first time I sent you the form and a check for \$1,500.00 (#117) was on April 11, 2001. The check is still outstanding as of today. Per Robin, please consider this form and payment as the first notice. Obviously something got lost in the mail as I have always paid all of my bills not only on time but early. If you have any questions, I can be reached at 407-646-9090. This is in regards to Complete + Total Lawn Care Inc, FEI Number 59-3374482. Thanking you in advance for your help + cooperation.

Sincerely yours

Nicholas L. Franzese

Nicholas L. Franzese

Owner/President