

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000028612**

1. Entity Name

COMMERCIAL MOWERS INC.

Principal Place of Business

**1950 MURRELL RD
STE 6
ROCKLEDGE FL 32955**

Mailing Address

**1242 WATERLILLY LANE
ROCKLEDGE FL 32955**

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 **59-3370014**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **TROUT, ROY**
CITY-ST-ZIP **1242 WATERLILLY LANE**
ROCKLEDGE FL 32955TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

5-9-01

Date

321-633-9991

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91084 014 ***150.00

RUUBJFJF

DO NOT WRITE IN THIS SPACE

0084028

CR2E034 (10/00)

attachment
A006737
P960000028612

TO WHOM THIS MAY CONCERN:

PLEASE ACCEPT MY FILING LATE WITHOUT PENALTY,
MY ACCOUNTANT FILLED FOR AN EXTENTION ON OUR
2000 TAXES AND DIDNT FORWARD THIS TO ME
UNTIL 5/8/01.

THANK YOU,

ROY TROUT

COMMERCIAL MOWERS.