

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036556

1. Entity Name

T & K LAWN MAINTENANCE, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90018 042 ***550.00

Principal Place of Business

2626 BRIAR OAK CIRCLE
SARASOTA FL 34232

Mailing Address

2626 BRIAR OAK CIRCLE
SARASOTA FL 34232

2. Principal Place of Business

5637 Antoinette St.

Suite, Apt. #, etc.

3. Mailing Address

5637 Antoinette St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0673918

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, DAVID
2626 BRIAR OAK CIRCLE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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 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

TITLE VP
NAME WEAVER, MARY
STREET ADDRESS 2626 BRIAR OAK CIRCLE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE P
NAME WEAVER, DAVID
STREET ADDRESS 2626 BRIAR OAK CIRCLE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V P
NAME Weaver, Mary
STREET ADDRESS 5637 ANTOINETTE STREET
CITY-ST-ZIP SARASOTA, FLA. 34232 ☒ Change ☐ Addition

TITLE P
NAME WEAVER, DAVID
STREET ADDRESS 5637 ANTOINETTE STREET
CITY-ST-ZIP SARASOTA, FL. 34232 ☒ Change ☐ Addition

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

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

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

TITLE ☐ 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:

David Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Weaver

9-11-00

941-371-3022

Date

Daytime Phone #

CR2E034 (5/00)