FILED

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

changed, or on an attachment with an address, with all other like empowered.

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P96000036556 T & K LAWN MAINTENANCE, INC. 04-05-2001 90090 050 \*\*\*150.00 Principal Place of Business Mailing Address 5637 ANTOINETTE STREET 5637 ANTOINETTE STREET SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0673918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Weaver Savid WEAVER, DAVID Street Address (P.O. Box Number is Not Acceptable) 2626 BRIAR OAK CIRCLE 7 Antoinette SARASOTA FL 34232 City arasota 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete WEAVER, MARY NAME NAME Weaver, Mary 5637 Antoinette St. 2626 BRIAR OAK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota Fi. 34232 SARASOTA FL 34232 TITLE ☐ Delete TITLE ☐ Change Weaver, David WEAVER, DAVID NAME NAME 5637 Antoinette St. 2626 BRIAR OAK CIRCLE STREET ADDRESS STREET ADDRESS Savasota, Cl. 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP + 1 TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS 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

94/371-3/22