

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 020 ***150.00

DOCUMENT # P96000037959	
1. Entity Name	
T Macs Lawn Services, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 624 N Indigo Road Suite, Apt. #, etc.		3. Mailing Address 624 N Indigo Road Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State Altamonte Springs	
Zip 32714	Country	Zip 32714	Country

4. FEI Number 59-3359787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

40031021

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WHITTAKER, DENNIS J	
Street Address (P.O. Box Number is Not Acceptable) 624 N. INDIGO RD	
City ALTAMONTE SPRINGS	FL Zip Code 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTAKER, DENNIS J 624 N. INDIGO RD ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis J Whittaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-07 407-869-8546