

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056212

Entity Name

LAKE LAWN SERVICE, INC.

Principal Place of Business

BOX 22-3592
HOLLYWOOD FL 33022-3592

Mailing Address

P.O. BOX 22-3592
HOLLYWOOD FL 33022-3592

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0678753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABALLEROS, RICARDO A
5900 JOHNSON ST.
HOLLYWOOD FL 33021-5638

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2648 WILSON STREET
City HOLLYWOOD FL Zip Code 33020

I, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPS
CABALLEROS, RICARDO A
5900 JOHNSON ST
HOLLYWOOD FL 33021-5638

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.O. Box 22-3592
HOLLYWOOD, FL 33020

☒ Change ☐ Addition

☐ Delete

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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 #

3/2/00 (954) 922 0886

CR2E034 (9/99)