

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90267 001 ***150.00

DOCUMENT # P96000056502

1. Entity Name

MR. LAWN CARE, INC.

Principal Place of Business

**398 ROSELING CIRCLE
 VENICE FL 34293**

Mailing Address

**398 ROSELING CIRCLE
 VENICE FL 34293**

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

65-0682342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KIMBALL, LORAIN D
 398 ROSELING CIRCLE
 VENICE FL 34293**

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **KIMBALL, LEROY S JR.**
 CITY-ST-ZIP **398 ROSELING CIRCLE
 VENICE FL 34293**

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

TITLE ☐ Delete
 NAME **VTD**
 STREET ADDRESS **KIMBALL, LORAIN D**
 CITY-ST-ZIP **398 ROSELING CIRCLE
 VENICE FL 34293**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

L. Roy Kimball Jr. Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01 **CT-860-824-5863**
FL-941-493-7206
 Date Daytime Phone #

CR2EN34 (5/01)

Attachment
D# P9641154552
BU 04 00

Memo

Date: 8/28/01

To: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

From: LeRoy S. Kimball, Jr.

Subject: Mr. Lawn Care, Inc.-2001 Uniform Business Report

LeRoy S. Kimball Jr.

As discussed with Jo K. in your office today, I did not receive your first request for the above captioned report due in May. We had a similar problem last year. I did receive the second report which stated it was due by September 12th. I wish to be in compliance, but as a very small business, cannot afford the \$550 fee. Please accept the attached check for \$150.00 in compliance with this reporting requirement.

I apologize for the delay. We will diary our records to be expecting this report in April of next year.

Please call if necessary.

CT PH-860-824-5863
CT FAX-860-824-1232