

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State
 05-31-2001 90004 044 ***150.00

DOCUMENT # P96000057220

1. Entity Name

LAWNS UNLIMITED OF SOUTHERN FLORIDA, INC.

Principal Place of Business

1654 WHITE PLAINS TERRACE
 NORTH FORT MYERS, FL 33903

Mailing Address

1654 WHITE PLAINS TERRACE
 NORTH FORT MYERS, FL 33903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0675872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JAMES T. HARRISON

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

1654 WHITE PLAINS TERRACE

NORTH FORT MYERS, FL 33903

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.

JAMES T. HARRISON

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-01

**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 \$150.00

After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES T. HARRISON 1654 WHITE PLAINS TERRACE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTINE E. HARRISON 1654 WHITE PLAINS TERRACE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. HARRISON

Date

Daytime Phone #

5-23-01 441 656 0017

CR2F034 (11/1/00)