

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080977

1. Entity Name

D.K. LAWN SERVICES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90092 012 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 11285  
NAPLES FL 34101

POST OFFICE BOX 11285  
NAPLES FL 34101-1285

2. Principal Place of Business

3. Mailing Address

2024 Castle Garden Ln  
Suite, Apt. #, etc.

518 S. 58 Terr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Hud FL

4. FEI Number

65-0702233

Applied For

Not Applicable

Zip

Country

34110

Zip

Country

33023

FL

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

KAISER, DIANA L  
518 S. 58 TERRACE  
HOLLYWOOD FL 33023

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

*Diana J Kaiser*

(NOTE: Registered Agent signature required when reinstating)

3/6/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAISER, DAVID F	
STREET ADDRESS	POST OFFICE BOX 11285	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KAISER, DIANA F	
STREET ADDRESS	POST OFFICE BOX 11285	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2024 Castle Garden Lane
CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	518 S. 58 Terr
CITY-ST-ZIP	Hud, FL 33023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Diana J Kaiser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 (305) 499 6056

Date

Daytime Phone #

CR2E034 (9/99)