

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088102

1. Entity Name

TWO-CANES LAWN MAINTAINENCE INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90036 042 ***150.00

Principal Place of Business

Mailing Address

1433 SW WEPACO AVE
PT ST LUCIE FL 4953
US

1433 SW WEPACO AVE
PT ST LUCIE FL 4953
US

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

65-0706754

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

HERRON, SHELDON
135 STILLWATER CIR
JUPITER FL 33458

Name

SHELDON HERRON

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

1433 S.W. WEPACO AVE.

City

PORT ST. LUCIE

FL

Zip Code

34953

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

Sheldon Herron

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 \$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
NAME HERRON, SHELDON
STREET ADDRESS 1433 SW WEPACO AVE
CITY-ST-ZIP PT ST LUCIE FL ☐ Delete

TITLE V/S/T
NAME JENNIFER HERRON
STREET ADDRESS 1433 S.W. WEPACO AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Sheldon Herron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-344-6082

CR2E034 (9/99)