

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088102

1. Entity Name

TWO-CANES LAWN MAINTAINENCE INC.

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90048 050 \*\*\*158.75

Principal Place of Business

1433 SW WEPACO AVE  
PT ST LUCIE FL 4953  
US

Mailing Address

1433 SW WEPACO AVE  
PT ST LUCIE FL 4953  
US

00018201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1433 SW Wepaco Rd  
Suite, Apt. #, etc.

3. Mailing Address

1433 SW Wepaco Rd  
Suite, Apt. #, etc.

City & State

PT St Lucie FL

City & State

PT St Lucie FL

4. FEI Number 65-0706754

Applied For  
Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRON, SHELDON  
1433 SW WEPACO AVE  
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: Richard A Bell  
Street Address (P.O. Box Number is Not Acceptable):  
1433 SW Wepaco Rd  
PT St Lucie FL 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: Richard A Bell President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-10-01  
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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERRON, SHELDON	
STREET ADDRESS	1433 SW WEPACO AVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	HERRON, JENNIFER	
STREET ADDRESS	1433 SW WEPACO AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A Bell	
STREET ADDRESS	1433 SW Wepaco Rd	
CITY-ST-ZIP	PT St Lucie FL 34953	
TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer J Bell	
STREET ADDRESS	1433 SW Wepaco Rd	
CITY-ST-ZIP	PT St Lucie FL 34953	
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		
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: Richard A Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01  
Date

561-951-4783  
Daytime Phone #

CR2E034 (10/00)