

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 018 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000098242

1. Entity Name

CPR Lawn Care, INC.

Principal Place of Business

23110 State RD 54
 Lut2, FL 33549-6988

Mailing Address

23110 State RD 54 #148
 Lut2 FL 33549-6988

2. Principal Place of Business

7623 Almark St.

3. Mailing Address

P.O. Box 272687

Suite, Apt. #, etc.

APT # B

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

Country

HI

Zip

Country

33688, 2659 HI

4. FEI Number

59-3418669

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Lifsey, J Stan FORD
 23110 State RD 54 #148
 Lut2, FL 33549-6988

7. Name and Address of New Registered Agent

Name Clement A. Rambeau

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

7623 Almark St APT # B

City Tampa FL

FL

Zip Code 33625

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

C.A. Rambeau

Clement A. Rambeau 2-24-2000

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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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.

813-968-1878

SIGNATURE:

C.A. Rambeau

Clement A. Rambeau 4-24-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)