

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002716

1. Entity Name

BLADE RUNNER QUALITY LAWN SERVICE & LANDSCAPING,

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90140 026 ***150.00

Principal Place of Business	Mailing Address
4820 SW 201ST TERRACE DAVIE FL 33332 US	4820 SW 201TH TER DAVIE FL 33332-1008

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0714203	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POST, WILLIAM 4820 SW 201TH TER DAVIE FL 33332	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		04/16/00	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D POST, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	OWNER/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POST, WILLIAM	NAME	POST, WILLIAM
STREET ADDRESS	4820 SW 201TH TER	STREET ADDRESS	4820 SW 201TH TER
CITY-ST-ZIP	DAVIE FL 33332	CITY-ST-ZIP	DAVIE FL 33332
TITLE	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	POST, LISA, A
STREET ADDRESS		STREET ADDRESS	4820 SW 201TH TER
CITY-ST-ZIP		CITY-ST-ZIP	DAVIE FL 33332
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:		04/16/00	954-434-9973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #