## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000013882 Mar 14, 2000 8:00 am **Secretary of State** A & B LAWNBUSTERS LAWN SERVICES, INC. 03-14-2000 90038 018 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 771532 7610 WESTWOOD DR CORAL SPRINGS FL 33077-1532 APT 121 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3426817 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACOSTA, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 8835 RAMBLEWOOD DRIVE, APT. 1612 CORAL SPRINGS FL 33071 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME ACOSTA, ALBERTO STREET ADDRESS STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612 CITY-\$T-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ACOSTA, MARIA MARGARIT STREET ADDRESS STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Addition TITLE Change ☐ Delete TITLE NAME NAME BUENO, WALTER STREET ADDRESS STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612 CITY-ST-ZIP CITY-ST-ZIE CORAL SPRINGS FL 33071 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **BUENO, PERLA** STREET ADDRESS STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612 CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

AIBGNO HOUTH

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: