

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000013882**

1. Entity Name

A & B LAWNBUSTERS LAWN SERVICES, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90056 018 ***150.00

0433888

Principal Place of Business
**7610 WESTWOOD DR
APT 121
TAMARAC FL 33321**

Mailing Address
**PO BOX 771532
CORAL SPRINGS FL 33077**

001283



DO NOT WRITE IN THIS SPACE

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 59-3426817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ACOSTA, ALBERTO
8835 RAMBLEWOOD DRIVE, APT. 1612
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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 _____ 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) ☐

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA, ALBERTO			NAME			
STREET ADDRESS	8835 RAMBLEWOOD DRIVE, APT. 1612			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA, MARIA MARGARIT			NAME			
STREET ADDRESS	8835 RAMBLEWOOD DRIVE, APT. 1612			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUENO, WALTER			NAME			
STREET ADDRESS	8835 RAMBLEWOOD DRIVE, APT. 1612			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUENO, PERLA			NAME			
STREET ADDRESS	8835 RAMBLEWOOD DRIVE, APT. 1612			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)