

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021902

1. Entity Name

LAWN CARE AT IT'S BEST, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90086 022 ***150.00

Principal Place of Business

Mailing Address

1701 BAL HARBOUR DR.
VENICE FL 34275
US

1701 BAL HARBOUR DR
VENICE FL 34293-2813
US

2. Principal Place of Business

3. Mailing Address

10370 Pittman Rd
Suite, Apt. #, etc.

10370 Pittman Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Sarasota FL

Sarasota FL

4. FEI Number

65-0734470

Applied For

Not Applicable

Zip

Country

34240 USA

Zip

Country

34240 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNEPP, SHAUN
1701 BAL HARBOUR AVE.
VENICE FL 34293

Name

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

10370 Pittman Rd

City

Sarasota

FL

Zip Code

34240

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

Shaun Knepp Shaun Knepp

4-10-00

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 ☐ Delete
NAME D
STREET ADDRESS KNEPP, SHAUN
CITY-ST-ZIP 10370 PITTMAN ROAD
SARASOTA FL 34240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Shaun Knepp Shaun Knepp

4-10-00 (941) 377-9439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)