

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033956

1. Entity Name

COMPLETE LAND CARE, INC.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90003 035 ***150.00

Principal Place of Business

Mailing Address

16148 BOYETTE ROAD
RIVERVIEW FL 33569

16148 BOYETTE ROAD
RIVERVIEW FL 33569-6562

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

59-3180321

Applied For

Not Applicable

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

KARLSON, SHANE R
16148 BOYETTE ROAD
RIVERVIEW FL 33569

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

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

P
NAME
KARLSON, TARA
STREET ADDRESS
16148 BOYETTE ROAD
CITY - ST - ZIP
RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

V
NAME
KARLSON, SHANE
STREET ADDRESS
16148 BOYETTE ROAD
CITY - ST - ZIP
RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMPLETE LANDCARE INC.
16148 BOYETTE ROAD
RIVERVIEW, FL 33569

VALRICO STATE BANK
VALRICO, FL 33511
63-1346/631

Attachment # P970680 33956
0076679 11061

04/05/2000

PAY TO THE ORDER OF Florida Department Of State

\$ **150.00

One Hundred Fifty and 00/100*****

DOLLARS

Florida Department Of State

MEMO

Sara D Karlson

AUTHORIZED SIGNATURE

⑈011061⑈ ⑈063113468⑈ 230001580⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

COMPLETE LANDCARE INC.
Florida Department Of State
04/05/00

Bill #

04/05/2000

11061
150.00

Business Checking

150.00

We mailed this payment on 4-5-2000. (check # 11061)
Please check records to see if you have received it.
It has not cleared our bank. I am mailing
check # 6721 to insure proper payment.

Sincerely
Sara D Karlson