

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034874

1. Entity Name

TREASURE COAST LAWN DOCTORS, INC.
EAST COAST LAWNS, INC.

Principal Place of Business

434 S.W. JEANNE AVE
PORT ST. LUCIE FL 34953

Mailing Address

434 S.W. JEANNE AVE
PORT ST. LUCIE FL 34983-4045

2. Principal Place of Business

315 SW Panther Trace

3. Mailing Address

315 SW Panther Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2038034

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

BLASTIC, SUSAN
4012 S.W. CARLITE STREET
PORT ST. LUCIE FL 34953

Name

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

315 SW Panther Trace

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	PSD	<input type="checkbox"/> Delete
NAME	BEW, JANET L	
STREET ADDRESS	4012 SW CARLITE STREET	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, CARIG R	
STREET ADDRESS	434 JEANNE AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	315 SW Panther Trace	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janet Bew* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 561-521-2846
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED