

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000041519**

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90128 050 ***150.00

STATEWIDE LAWN SERVICE, INC.

Place of Business Mailing Address
 Statewide Lawn Service Inc.
 135. 74th Ave No.
 Petersburg FL 33702

Place of Business 3. Mailing Address
 Apt. #, etc. Suite, Apt. #, etc.
 State City & State
 Country Zip Country

4. FEI Number **59-3445310**
 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

Lerschel L. Rohlf
 935 74th Ave. N.
 T. Petersburg FL 33702

Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City FL Zip Code

I hereby certify, I submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Is the filer able to satisfy its intangible obligations and effects to do so. (Mark on back) ☐

FILE NOW!! FEE IS \$150.00
AS OF 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I 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 supplied in 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lerschel L. Rohlf**

4-18-00

727-5284475