2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 11, 2000 8:00 am Secretary of State DOCUMENT # **P97000056592** 1. Entity Name B&L PRO LAWN AND LANDSCAPING, CO. 04-11-2000 90039 002 ***150.00 Mailing Address Principal Place of Business 0211 MASON ROAD PO BOX 10 CRYSTAL SPRINGS FL 33524-0010 7FPHYRHILLS FL 33540 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3459283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YAGGIÉ, LARRY MR Street Address (P.O. Box Number is Not Acceptable) 40214 MASON ROAD ZEPHYRHILLS FL 33540 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change PCD TITLE ☐ Delete YAGGIE, LARRY NAME STREET ADDRESS STREET ADDRESS 40214 MASON RD CITY-ST-ZIP CITY-ST-ZIF ZEPHYRHILLS FL 33540 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHUCK, BECKY NAME NAME STREET ADDRESS 40214 MASON RD STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ZEPHYRHILLS FL 33540 ☐ Change Maddition Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS 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

FILED