

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0542754

DOCUMENT # P97000063606

1. Entity Name

AMERICAN LAWN CARE & MAINTENANCE, INC.

03-05-2001 90084 001 ****50.00

03-05-2001 90084 002 ***108.75

Principal Place of Business

**10280 ENOCH LN.
 BONITA SPRINGS FL 34135**

Mailing Address

**10280 ENOCH LN.
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

27029 JARVIS ROAD

Suite, Apt. #, etc.

3. Mailing Address

27029 JARVIS ROAD

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

Zip

34135

Country

City & State

BONITA SPRINGS, FL

Zip

34135

Country

4. FEI Number

59-3459458

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TEGMEYER, TOM
 10280 ENOCH LN
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

TY TEGMEYER

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

27029 JARVIS ROAD

City

BONITA SPRINGS

FL

Zip Code

34135

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-23-01

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | TEGMEYER, THOMAS EARL | |
| STREET ADDRESS | 10280 ENOCH LANE | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | TEGMEYER, SUSETTE LEE | |
| STREET ADDRESS | 10280 ENOCH LN | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | TEGMEYER, SUSETTE LEE | |
| STREET ADDRESS | 10280 ENOCH LN | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | P, VP, S, T | <input type="checkbox"/> Delete |
| NAME | TY TEGMEYER | |
| STREET ADDRESS | 27029 JARVIS ROAD | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P, VP, S, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TY TEGMEYER | |
| STREET ADDRESS | 27029 JARVIS ROAD | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 information empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01
 Date

(941) 994-3755
 Daytime Phone #

CR2E034 (10/00)