2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

FILED DOCUMENT # P9700066414 Mar 30, 2000 8:00 am **Secretary of State** YOUNCE LAWN & LANDSCAPE RENOVATION, INC. 03-30-2000 90043 018 ***150.00 Principal Place of Business Mailing Address 160 ALPINE COURT 160 ALPINE COURT **BRADENTON FL 34208-6018** BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address 22208 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0772044 Not Applicable Same Country \$8.75 Additional 5. Certificate of Status Desired <u>ه</u> Fee Required 3c.m ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNCE, FRANK CASEY Street Address (P.O. Box Number is Not Acceptable) 160 ALPINE COURT **BRADENTON FL 34208** Zip Code **342***0***2** 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 (NOTE. Registered Agent signature required when reinstating) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE YOUNCE, FRANK CASEY NAME NAME STREET ADDRESS 160 ALPINE COURT STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Change Addition De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

3-24-00