## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000079228 Jan 18, 2000 8:00 am **Secretary of State** TRIM ALL LAWN SERVICE, INC. 01-18-2000 90097 018 \*\*\*150.00 Mailing Address Principal Place of Business 4158 OYSTER BAY DRIVE POST OFFICE BOX 6437 FERNANDINA BEACH FL 32035-6437 FERNANDINA BEACH FL 32034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3475796--Not Applicable Country Zip Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VOSS, CINDY Street Address (P.O. Box Number is Not Acceptable) 4158 OYSTER BAY DRIVE FERNANDINA BEACH FL 32034 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11: Addition PTD ☐ Delete TITLE TITLE NAME NAME VOSS, CINDY STREET ADDRESS STREET ADDRESS 4158 OYSTER BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change ☐ Addition **VS** Delete TITLE VOSS, FREDERICK NAME NAME 4158 OYSTER BAY DRIVE VOSS, FREDERICK STREET ADDRESS STREET ADDRESS 4158 OYSTER, BAY, DRIVE. FEENANDINA BEACH, FL. 32034-CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change Addition ☐ Delete TITLE TITLE ogilvie, lappy NAME NAME 1993 OCEAN OVERLOOK DEIVE STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL. 32034 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.