

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000085074**

1. Entity Name
Lawnmower Man, Inc

Principal Place of Business Mailing Address
999 W. Lancaster Rd Suite 5 Orlando, FL 32809 Same

2. Principal Place of Business 3. Mailing Address
999 W Lancaster Rd Suite 5 Orlando, FL 32809 USA

6. Name and Address of Current Registered Agent
Joseph F Bowling 999 W. Lancaster Road Suite 5 Orlando, FL 32809

FILED
CLERK OF CIRCUIT
COURT OF FLORIDA
00 OCT 30 PM 5:37

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3471696** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Joseph F Bowling** DATE **10/26/00**

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, 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**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
President/Director	Joseph F Bowling	999 W Lancaster Road Suite 5 Orlando, FL 32809			
Vice President/Director	Paul F.C. Bowling	999 W Lancaster Road Suite 5 Orlando, FL 32809	Vice President/Director	Robert S. Bennett	999 W. Lancaster Road Suite 5 Orlando, FL 32809
Secretary/Treasurer/Director	Marion Bowling	999 W. Lancaster Road Suite 5 Orlando, FL 32809			

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 like empowered.

SIGNATURE: **Joseph F Bowling** DATE **10/26/00** DAYTIME PHONE # **(407) 826-9004**