

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101752

1. Entity Name

MILTON'S LAWN CARE, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90060 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2926 LEON ROAD  
JACKSONVILLE FL 32246

POST OFFICE BOX 16952  
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

101 BAISDEN ROAD  
Suite, Apt. #, etc. 6045 696-0977  
APARTMENT 3

3. Mailing Address

POST OFFICE BOX 17832  
Suite, Apt. #, etc.

City & State  
JAX. FL. 32218

City & State  
JAX. FL.

4. FEI Number 59-3481596

Applied For  
Not Applicable

Zip Country  
32218 USA

Zip Country  
32245 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILTON, STEPHEN M  
2926 LEON ROAD  
JACKSONVILLE FL 32246

Name  
MILTON STEPHEN M

Street Address (P.O. Box Number is Not Acceptable)  
101 BAISDEN ROAD Apt. 3

City Jax. FL Zip Code 32218

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

*Stephen M. Milton*

4/12/06

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 ~~POST. PD~~ ☐ Delete  
NAME MILTON, STEPHEN M  
STREET ADDRESS ~~2926 LEON ROAD~~  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME 101 BAISDEN RD Apt. 3  
STREET ADDRESS JAX. FL. 32218  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SECRETARY / TREASURE  
STREET ADDRESS KIMBERLY ROY  
CITY-ST-ZIP 101 BAISDEN RD APT #3 JAX. FL. 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Stephen M. Milton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)