## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MISCALL MANAGE OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000006237  1. Entity Name					Feb 11, 2000 8:00 am Secretary of State			
MUNRO	S LAWN CARE & LANDSCAPI	NG, INC.			02-11-2000 90028 031 *			
Principal Place	SSA TR	Mailing Address 5201 HOMOSASSA TR LECANTO FL 34446-1311				• • • • • •		
LECANTO FL 34	<del>94</del> 61	LECANTO PL 34440-1311			BUU .	8120		
2. Principal Place of Business 7039-W-G-Fover Gleveland Suite, Apt. #, etc.		3. Mailing Address 7039-W-Cover Levelad Blud Suite, Apt. #, etc.		Blud	DO NOT WRITE IN THIS S	SPACE	=	
Nomosassa FC		City & State -Homosq.55a - FL		4	4. FEI Number 59-3488338	<del></del>	plied For	
3 444	& US A	34446	Country USA		5. Certificate of Status Desired	\$8.75 Add Fee Required		
}	6. Name and Address of Current R	egistered Agent	Name	7	7. Name and Address of New Registered A	Agent		
MUNRO, ROBERT 5201 HOMOSASSA TR				ddress (P.O	D. Box Number is Not Acceptable)			
LECANTO FL 34461			7039 W Grover Cleve Land Blud					
		City Jomos as sa FL Zing Cody 446						
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered	agent, or both, in the State of Florida.		,	
SIGNATURE .	Wagast M Signature, typed or printed hame of registered agent an	stitle if applicable. (NOTE: F	Registered Agent signat	ure required whe	en reinstating)			
Tax filing r	oration is eligible to satisfy its intangible equirement and elects to do so. ria on back)	After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		_	Added	<b>0</b> May Be I to Fees	
11.	OFFICERS AND C		12.	पद	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNRO, ROBERT 5201 HOMOSASSA TR LECANTO FL 34461	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rober 7039	+ Munro 1 w Grovet Cleveland BIV 59552 FL 34446	,	<u> </u>	
TITLE	VMTS _MUNRO,:MARGARET	☐ Delete	TITLE  NAME	VMT	s laret Munro	Change		
STREET ADDRESS CITY-ST-ZIP	5201 HOMOSASSA TR LECANTO FL 34461		STREET ADDRESS CITY-ST-ZIP	7039 Namo	paret Munro W Grover Cleveland Blr Sassa, FC 3444	6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
indicated of the cor	Lan this raport or supplemental report is:	true and accurate and that my wered to execute this report a	≀ cionature chall h	have the san	ion 119.07(3)(i), Florida Statutes. I further cer me legal effect as if made under oath; that I Florida Statutes; and that my name appears in	am an omicer	or airector	

LII LD

Daytime Phone #