2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90041 042 ***150.00

DOCUMENT # P98000010837

1. Entity Name

THATCHMASTERS LAWN CARE, INC.

DO NOT WRITE IN THIS SPACE

24040859

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2. Principal Place of Business		3. Mailing Address	
2225 N. UNICORN RD.		2225 N. UNICORN RD.	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: AVON PARK, FLA		City & State: AVON PARK FLA.	
Zip: 33825	Country: USA	Zip: 33825	Country: USA

4. FEI Number 65-0809125 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: BUENERKEMPER, KURT

Street Address (P.O. Box Number is Not Acceptable): 2225 N. UNICORN RD.

City: AVON PARK FL Zip Code: 33825

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D, P	TITLE	
NAME	BUENERKEMPER, RENEE	NAME	
STREET ADDRESS	2225 N. UNICORN RD.	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FLA. 33825	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	BUENERKEMPER, KURT	NAME	
STREET ADDRESS	2225 N. UNICORN RD.	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FLA. 33825	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Buenerkemper Renee Buenerkemper 1/4/04 863-453-4706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~RENE BUENERKEMPER~~