

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014000

1. Entity Name

JEM LAWN SERVICE, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90244 012 ***150.00

Principal Place of Business 4695 COLLIER ROAD LAKE WORTH FL 33463	Mailing Address 4695 COLLIER ROAD LAKE WORTH FL 33463-6928
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2. Principal Place of Business 5940 Myrtle Dr. Suite, Apt. #, etc.	3. Mailing Address 5940 Myrtle Dr. Suite, Apt. #, etc.
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City & State Lake Worth FL	City & State Lake Worth FL
Zip 33463	Zip 33463
Country U.S.A	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AMERILAWYER 343. ALMERIA AVENUE CORAL GABLES FL 33134	
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4. FEI Number 65-0812750	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name William Ellis Street Address (P.O. Box Number is Not Acceptable) 5940 Myrtle Dr Lake Worth City FL Zip Code 33463	
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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 William Ellis	Signature, typed or printed name of registered agent and title if applicable. William Ellis	DATE 4-27-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DURAND, JEAN-YVES 4695 COLLIER ROAD LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD William Ellis 5940 Myrtle Dr Lake Worth FL 33463 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DURAND, BRENDA L 4695 COLLIER ROAD LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Amber Bunnell 5940 Myrtle Dr Lake Worth FL 33463 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: William Ellis (Pres.)	4-27-00	561-357-5839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #