

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 048 ***150.00

DOCUMENT # P98000014335

1. Entity Name

B.J. LAWN CARE, INC.

Principal Place of Business

Mailing Address

**-- E LOUISIANA AVE
TAMPA FL 33610****1504 E LOUISIANA AVE
TAMPA FL 33610-6033****H0022953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2850758**

Applied For

Not Applicable

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

**GILMORE, RICARDO L ESQ
101 E KENNDY BLVD
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

4714 N. Habana Ave Apt 2606City **Tampa**

FL

Zip Code

33614

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-20009. 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	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	FAISON, ANG			
	1504 E. LOUISIANA AVE.			
	TAMPA FL 33610			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input 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:

Ang Faison, President

Date

1-27-2000

Daytime Phone #

CR2E034 (9/99)