

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025481

1. Entity Name
ACME MOWING COMPANY

Principal Place of Business

1812 SE 5TH PLACE
CAPE CORAL FL 33990

Mailing Address

1812 SE 5TH PLACE
CAPE CORAL FL 33990

2. Principal Place of Business

3719 S.W 2nd Lane

3. Mailing Address

3719 S.W 2nd Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33991

Country

Zip

33991

Country

4. FEI Number 65-0824501

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

MORGAN, JOHN M
302 LEE BLVD
STE 102
LEHIGH ACRES FL 33936

Name

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

City

FL

Zip Code

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

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, 2001 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 D ☐ Delete
NAME MARTIN, BRIAN A
STREET ADDRESS 1812 SE 5TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
NAME Martin, Brian A
STREET ADDRESS 3719 S.W 2nd Lane
CITY-ST-ZIP Cape Coral, FL 33991

TITLE D ☐ Delete
NAME LASCOLA, DANNY
STREET ADDRESS 1812 SE 5TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
NAME Lascola, Danny
STREET ADDRESS 166 S.E 20th St.
CITY-ST-ZIP Cape Coral, FL 33990

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

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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:

Brian Martin

4-25-01

941-691-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)