

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040123

1. Entity Name

TIM LONGWELL LAWN SERVICE, INC.

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90096 001 ***150.00

0466389

1. Principal Place of Business 521 SANDY OAK DR. PENSACOLA FL 32506	Mailing Address 521 SANDY OAK DR. PENSACOLA FL 32506
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip	City & State Zip
Country	Country

6. Name and Address of Current Registered Agent FORD, J. STEVEN ESQ. 107 N. PALAFOX ST. PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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

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 NAME STREET ADDRESS CITY-ST-ZIP	P LONGWELL, TIM 54 SANDY OAK DR PENSACOLA FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tim L. Longwell* Tim L. Longwell, President 1/11/01 850-492-3685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)