

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000044369****1. Entity Name**
SUMMERS LAWN CARE, INC.**Principal Place of Business**
137 PLACID DR
FORT MYERS FL 33919**Mailing Address**
137 PLACID DR
FORT MYERS FL 33919**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 65-0836754

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****SMITH, LARRY J**
137 PLACID DR
FORT MYERS FL 33919

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	PD	<input type="checkbox"/> Delete
NAME	SUMMERS, JOSEPH	
STREET ADDRESS	17020 #104 GOLFSIDE CIR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, BRANDEN	
STREET ADDRESS	17020 #104 GOLFSIDE CIR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL	
STREET ADDRESS	17020 #104 GOLFSIDE CIR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, LARRY J	
STREET ADDRESS	137 PLACID DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1420 SE 12th Street	
STREET ADDRESS	CAPE CORAL, FL 33990	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1420 SE 12th Street	
STREET ADDRESS	CAPE CORAL, FL 33990	
CITY-ST-ZIP		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90130 017 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)