

# 2000 UNIFORM BUSINESS REPORT (UBR)

10f2

11/13/66

DOCUMENT # P98000046295

1. Entity Name  
LAWNSHAPERS OF CENTRAL FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 PM 2:12

Principal Place of Business  
421 E. CENTER ST.  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
421 E. CENTER ST.  
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3513360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KAST, SUSAN  
421 E. CENTER ST.  
ALTAMONTE SPRINGS FL 32701

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
DENT, WILLIAM L  
421 E. CENTER ST.  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003416311-2  
-10/06/00-01024-024  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KAST, SUSAN S  
421 E. CENTER ST.  
ALTOMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00  
Date

(407)  
830-6283  
Daytime Phone #

CR2:034 (5/00)

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# LAWNSHAPERS OF CENTRAL FLORIDA, INC.

421 E. Center St., Altamonte Springs, FL 32701  
(407) 830-6283

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September 26, 2000

Division of Corporation  
409 E. Gainer St.  
Tallahassee, FL 32302

Re: LawnShapers FEI #59-3513360  
Annual File Fee

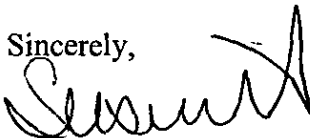
Dear Sir or Madam:

Per our conversation on September 26, 2000, enclosed herewith you will please find check no. 1390 in the amount of \$150.00.

All of our Corporation Documents get forwarded to our Account prior to paying or filing. Donald Pindel, our Account was diagnosed with cancer in January and died on September 5, 2000. Upon his death, at his families request, another accountant to over all his accounts and when he did, he discover your second notice was just sitting in my file and this new accountant asked me to call and verify if this was ever taken care of and as of today, after speaking with you discovered it had not. There is no records of the first request.

Please except this under these circumstances, we would GREATLY appreciate it and sincerely do apologize for any inconvenience this may cause.

Sincerely,



Susan S. Kast  
Vice-President