

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048751

1. Entity Name

GREG'S LAWN CARE, INC.

LA

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-12-2001 90113 011 ***150.00
07-24-2001 90027 041 ***400.00

D0059410



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2909 SAFFOLD ROAD
WIMAUMA FL 33598

Mailing Address
2909 SAFFOLD ROAD
WIMAUMA FL 33598

2. Principal Place of Business
2909 Saffold Rd
Suite, Apt. #, etc.

3. Mailing Address
2909 Saffold Rd
Suite, Apt. #, etc.

City & State
Wimauma FL
Zip 33598 Country USA

City & State
Wimauma FL
Zip 33598 Country USA

4. FEI Number 59-3520395
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EASTERS, GREG
2909 SAFFOLD ROAD
WIMAUMA FL 33598

7. Name and Address of New Registered Agent
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 Greg Easters DATE 6-30-01
(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTERS, GREG		NAME		
STREET ADDRESS	2909 SAFFOLD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL 33598		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTERS, DONNA DAVIS		NAME		
STREET ADDRESS	2909 SAFFOLD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL 33598		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

6-30-01

Date

813 642-8824

Daytime Phone #

CR2E034 (10/00)