2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000049069** Mar 24, 2000 8:00 am **Secretary of State** DALE AND NICK'S LAWN MAINTENANCE CO. 03-24-2000 90079 001 ***150.00 Principal Place of Business Mailing Address 2972 WINDLE LANE 2972 WINDLE LANE SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119-8533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3516961 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWLER, NICHOLAS P Street Address (P.O. Box Number is Not Acceptable) 2972 WINDLE LANE **SOUTH DAYTONA FL 32119** Zip Code City FL 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. GNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Favable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition Delete TITLE LAWLER, NICHOLAS P NAME 2972 WINDLE LN **E**T ADDRESS STREET ADDRESS S. DAYTONA BCH FL 32119 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ST-7IP ☐ Change [Addition Delete TITLE NAME ADDRESS STREET ADDRESS -ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete . Address STREET ADDRESS ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME IDDRESS STREET ADDRESS CITY-ST-ZIP ZIP ☐ Change Addition ☐ Delete TITLE DRESS STREET ADDRESS CITY-ST-ZIP

reby 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 cated 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 be 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 nged, or on an attachment with an address, with all other like empowered.

and me and set most color

NS (CALGALIST IN CHOLAS) R. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANLER

MAR 20 2000 (904

000 (904)761-7694

Daytime Phone #