2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P98000065848 Jan 19, 2000 8:00 am BRIAN'S BETTER LAWNS & GARDENS. INC. **Secretary of State** 01-19-2000 90168 002 ***150.00 Mailing Address Principal Place of Business 15000 ORANGE RIVER RD 15000 ORANGE RIVER RD FORT MYERS FL 33905-7661 FORT MYERS FL 33905 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0852400 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name L. MULLOY **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable RD 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change Addition TITLE ☐ Delete TITI F MULLOY, PAT NAME NAME STREET ADDRESS 15000 ORANGE RIVER RD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE MULLOY, BRIAN NAME STREET ADDRESS 15000 ORANGE RIVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 Addition ☐ Change "Delete TITLE MULLOY, GALE NAME STREET ADDRESS 15000 ORANGE RIVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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