

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90145 026 ***150.00

DOCUMENT # P98000073472

1. Entity Name

EASTSIDE LAWN, INC.

Principal Place of Business

Mailing Address

2220 NORTH ESCAMBIA AVENUE
PENSACOLA FL 32503

2220 NORTH ESCAMBIA AVENUE
PENSACOLA FL 32503-4915

719504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532363

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

PFEIFFER, JAMES C
2220 N. ESCAMBIA AVE
PENSACOLA FL 32503

Name JAMES Pfeiffer

Street Address (P.O. Box Number is Not Acceptable) 2220 N Escambia

City Pensacola

FL

Zip Code 32503

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, 2000 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 P
NAME PFEIFFER, JAMES C
STREET ADDRESS 2220 NORTH ESCAMBIA AVENUE
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE ST
NAME KNAPP, CHARLES F
STREET ADDRESS 6341 BEAUCLAIRE DRIVE
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

4-16-00

(850) 469-0358