2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081402

1. Entity Name

All Around Lawn + Landscaping Services, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:24

600004653986--6
-10/25/01--01081--020
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12163 Glancy Ln Spring Hill, FL 34609	12163 Glancy Ln Spring Hill, FL 34609

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3597725 ☐ Applied For ☐ Not Applicable

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
Lois Mormando 12163 Glancy Ln Spring Hill, FL 34609	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 $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Dep

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12.
TITLE	D	☐ Delete	TITLE
NAME	Lois Mormando		NAME
STREET ADDRESS	12163 Glancy Ln		STREET
CITY-ST-ZIP	Spring Hill, FL 34609		CITY-S
TITLE	D	☐ Delete	TITLE
NAME	Leonard F Mormando		NAME
STREET ADDRESS	12163 Glancy Ln		STREET
CITY-ST-ZIP	Spring Hill, FL 34609		CITY-S
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREE
CITY-ST-ZIP			CITY-S
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREE
CITY-ST-ZIP			CITY-S
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET A
CITY-ST-ZIP			CITY-ST-Z
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDI
CITY-ST-ZIP			CITY-ST-ZIP

Doc#: P98000081402
Did not receive any previous notices. Enclosed is Check #1014 for $150.00
10/10/23
Thank you
Lois Mormando

CR2E034 (11/00)

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: Lois Mormando Lois Mormando 10/11/01 352-683-9417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #