

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90010 029 \*\*\*150.00

**DOCUMENT # P98000085340**

1. Entity Name  
**A-1 LAWN SERVICE, INC.**

Principal Place of Business

Mailing Address

**3233 6TH AVENUE WEST  
 PALMETTO FL 34221**

**3233 6TH AVENUE WEST  
 PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

**2015 8<sup>th</sup> Ave West**  
 Suite, Apt. #, etc.  
**Suite # 78**

**1605 21<sup>st</sup> St. West**  
 Suite, Apt. #, etc.

City & State

City & State

**Palmetto FL.**

**Palmetto, FL.**

4. FEI Number **65-0866155**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **34221**

Country **MANATEE**

Zip **34221**

Country **MANATEE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, TIMOTHY W**  
**3233 6TH AVENUE WEST**  
**PALMETTO FL 34221**

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 Timothy Wayne Lewis

1-3-01

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 Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **LEWIS, TIMOTHY W**  
 STREET ADDRESS **3233 6TH AVENUE WEST**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S, T**  Change  Addition  
 NAME **Timothy Wayne Lewis**  
 STREET ADDRESS **1605 21<sup>st</sup> St. West**  
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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

1-3-01

Date

941-729-7413

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE