

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093464

1. Entity Name

MARTY'S LAWN SERVICE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90078 004 ***150.00

Principal Place of Business

Mailing Address

1304 NE 16TH TERR. SUITE 3
 FT LAUDERDALE FL 33304

1304 NE 16TH TERR. SUITE 3
 FT LAUDERDALE FL 33304-1818

2. Principal Place of Business

3. Mailing Address

1304 NE 16th TERR
 Suite, Apt. #, etc.
 Suite 3

1304 NE 16th TERR.
 Suite, Apt. #, etc.
 Suite 3

City & State
 Ft. Lauderdale FL
 Zip
 33304
 Country
 U.S.

City & State
 Ft. Lauderdale FL
 Zip
 33304
 Country
 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872164

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

QUINNETT, MARTIN H
 1304 NE 16TH TERR, SUITE 3
 FT LAUDERDALE FL 33304

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, 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	D	<input type="checkbox"/> Delete
NAME	QUINNETT, MARTIN H	
STREET ADDRESS	1304 NE 16TH TERR, SUITE 3	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Martin H. Quinnett* MARTIN H. QUINNETT 3-1-00 (954) 728-8861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)