

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100048

1. Entity Name
MIRACLE LAWN, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90082 030 ***150.00

Principal Place of Business
**103 TRUXTON AVE
FT WALTON BEACH FL 32547**

Mailing Address
**412 BEAR RD
FT WALTON BEACH FL 32547**

2. Principal Place of Business
22 BROOKS AVE
Suite, Apt. #, etc.

3. Mailing Address
117 N.W. RARETRACK RD.
Suite, Apt. #, etc.
P.M.B. 237

City & State
FT. WALTON BEACH, FL.

City & State
FT. WALTON BEACH, FL.

4. FEI Number **59-3562785**
59-3489851

Applied For
Not Applicable

Zip
32547

Country
USA

Zip
32547

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, STEPHEN C
412 BEAR RD
FT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

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 Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, STEPHEN C
412 BEAR RD
FT WALTON BEACH FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, DEBRA A
412 BEAR RD
FT WALTON BEACH FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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 #

4-30-01

850 314-5415

CR2E034 (10/00)