

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004581

1. Entity Name

KAULBARS LAWNS, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90095 023 ***150.00

Principal Place of Business

7400 CONSTITUTION CIRCLE, UNIT 108
FT. MYERS FL 33912

Mailing Address

7400 CONSTITUTION CIRCLE, UNIT 108
FT. MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

4263 Bonita Beach Rd. P.O. Box 113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Estero, FL

Zip

34134

Country

Zip

33928

Country

4. FEI Number 65-0886506

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

KAULBARS, KELLY
7400 CONSTITUTION CIRCLE, UNIT 108
FT. MYERS FL 33912

Name

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

8192 Pelican Rd.

City Fort Myers

FL

Zip Code 33912

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KAULBARS, JEFFREY	
STREET ADDRESS	7400 CONSTITUTION CIRCLE, UNIT 108	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAULBARS, KELLY	
STREET ADDRESS	7400 CONSTITUTION CIRCLE, UNIT 108	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8192 Pelican Road
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8192 Pelican Road
CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

* 1-25-01

Date

* 941-498-9617

Daytime Phone #

CR2E034 (10/00)