## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2000 8:00 am Secretary of State DOCUMENT # P99000007318 LAWING BROTHERS LANDSCAPING, INC. 05-15-2000 90177 026 \*\*\*150.00 Principal Place of Business Mailing Address 9532 TOWANDA LANE 9532 TOWANDA LANE PORT RICHEY FL 34668-4146 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #: etc-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State <u>FEI Number</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWING, CARL D JR. Street Address (P.O. Box Number is Not Acceptable) 9532 TOWANDA LANE PORT RICHEY FL 34668 Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE LAWING, CARL D JR. NAME NAME 9532 TOWANDA LANE STREET ADDRESS **STRÉET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 Change ☐ Addition ☐ Deleie TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

FILED