2000 UNIFORM BUSINESS REPORT (UBR)

2000 L	JUILOKW BOS	ME33 MELO			-
DOCUME 1. Entity Name	ENT # P99000C		٠		
A-1 LAWNSCAPERS, INC.				FILED	
		Mailing Address			00 MAY 17 AM 9: 20
Principal Place of Business					CECOLIADV OF CTATE
126 SW ABALON (T ST. LUCIE FL 34	CIR. 1953	2326 SW ABALON CIR. PT ST. LUCIE FL 34953-5718			SECRETARY OF STATE TALLAHASSEE, FLORIDAS U24
		3. Mailing Address			
. Principal Place of Business		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.					4. FEI Number Applied For
City & State		City & State			65 089.2 98 Not Applicable
Zip	Country	Zip	Coun	— ~	Certificate of Status Desired. Fee Required Name and Address of New Registered Agent
	6. Name and Address of Current	t Registered Agent		Name	7. Name and Address of New York States
				ì	i Al A - cortable)
			Street Addre	ress (P.O. Box Number is Not Acceptable)	
2326 SW ABALON CIR. PT ST. LUCIE FL 34953					
ri Qi.	20012 12 01000			City	FL Zip Code
		to the oursess of charming	ts register	ed office or reg	egistered agent, or both, in the State of Florida.
8. The above na	amed entity submits this statement	for the purpose of manging is		るし	7.6 28,2000
l Leavering		(Dur	46		required when reinstating) DATE
SIGNATURE	gnature, typed or printed name of registered age	(II B () 11 5 11 5 11 5 11 5 11 5 11 5 11 5 1			
Tax filing red	ation is eligible to satisfy its Intangit guirement and elects to do so.	hie FILE NO\ After MAY 1, Make Check Pay	2000 Fee	(S \$150.00 will be \$550 lepartment o	i0.00 Trust Fund Contribution. LJ Added to Fees of State
(See criteria		ID DIRECTORS	12		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TH
TITLE	OFFICEROSA	☐ Delete	TIT	LE	
NAME		,		me Reet address	JAMES A THOMAS
STREET ADDRESS		r.		Y-ST-ZIP	JAHES THE ABALOU CIR
CITY-ST-ZIP		☐ Delete	Til	LE	Change Acquiton
TITLE NAME					THERESA THOMAS CIP
STREET ADDRESS				REET ADORESS TY-ST-ZIP	Theresh ABALON CIE
CITY-ST-ZIP		Detete		ILE /	☐ Change ☐ Addition
TITLE		C Desert		ME /	TAMES A THOMAS
NAME STREET ADDRESS				REET ADDRESS	<u> </u>
CITY-ST-ZIP				TY-ST-ZIR	☐ Change ☐ Addition
TITLE		Delete		TLE AME	THERESA THOMAS
NAME STREET ADDRESS				TREET ADDRESS	- I HEE-GA
CITY-ST-ZIP				ITY-ST-ZIP	☐ Change ☐ Addition
TITLE		Deleta		ITLE IAME	4000032863744
NAME				TREET ADDRESS	-06/13/0001023008_
STREET ADDRESS CITY-ST-ZIP				ITY-ST-ZIP	****150.00 ****150.00
TILE		Delete		TILE	
NAME				JAME STREET ADDRESS	
STREET ADDRESS	}		•	17V_ST_7/P	
CITY-ST-ZIP		tuden this filling does not great			Ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director have the same legal effect as if made under oath; that I am an officer or director have the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director oath; that I am an officer oath; that I am an oath oath oath oath oath oath oath oath
Indicated	certify that the information supplied I on this report or supplemental rep rporation or the receiver or trustee (I, or on an attachment with an addre	omnowered to execute this re	idort as re	nature shall ha quired by Cha	aprial doi, illorido e librorio
	م رن ے کہ	THE HAS		Z	1 Jeb 28 200
SIGNAT	TURE: P JAMES	O OR PRINTED NAME OF SIGNING OF	PICER OR D	естой	Date Daytime Phone #
1					