

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000014947**

1. Entity Name

WARREN'S LAWN AND LANDSCAPE, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT-1 AM 10:58

Principal Place of Business

**9608 N. EDISON AVE.
TAMPA FL 33612**

Mailing Address

**9608 N. EDISON AVE.
TAMPA FL 33612**

2. Principal Place of Business

P.O. Box 2024

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2024

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3559199

Applied For

Not Applicable

Zip

33548-2024

Country

HILLSBOROUGH

Zip

33548-2024

Country

HILLSBOROUGH5. 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

WARREN, JIMMY**9608 N. EDISON AVE P.O. Box 2024
TAMPA FL 33612 Lutz, FL 33548-2024**

Name

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

17406 Blackwell Lane

City

Lutz**FL**

Zip Code

33549

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**D****WARREN, JIMMY
9608 N. EDISON AVE.
TAMPA FL 33612**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
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)(l), 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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0086579 AV

CR2004 (5/01)