

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016841

1. Entity Name  
**BLADEMASTER LAWN CARE, INC.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90022 021 \*\*\*150.00

Principal Place of Business Mailing Address  
2131 RIDGE ROAD RIDGE 2131 RIDGE ROAD RIDGE  
SUITE E27 SUITE E27  
LARGO FL 33778 LARGO FL 33778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
2131 RIDGE ROAD 2131 RIDGE ROAD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3561794 Applied For Not Applicable

Zip Country Zip Country 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  
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134  
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, 2000 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                      | PSTD                      | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURMOOD, DEAN M           |                                 | NAME  |                     |   |
| STREET ADDRESS             | 2131 RIDGE ROAD RIDGE E27 |                                 | STREET ADDRESS  | 2131 RIDGE ROAD E27 |   |
| CITY-ST-ZIP                | LARGO FL 33778            |                                 | CITY-ST-ZIP   |                     |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                     |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                     |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                     |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                     |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                     |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                     |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                     |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                     |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                     |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-31-00 (727) 518-6221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)