## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000021119 1. Entity Name DAVIE LAWN & MAINTENANCE SERVICE, INC. 04-25-2000 90121 028 \*\*\*158.75 Principal Place of Business Mailing Address 7201 DAVIE ROAD EXT. 7201' DAVIE ROAD EXT. HOLLYWOOD FL 33024 HOLLYWOOD FL 33004-3650 2. Principal Place of Business 3. Mailing Address 31 SE 2AVENUE 31 SE 2 AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. DANIA BEACH. FLORIDA BEACH FLORIDA City & State 4. FEI Number Applied For City & State 65-0913934 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33004 IIS/ 3.3004 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ... Name CAROL WOLF-MOOMAW WOLF-MOOMAW, CAROL Street Address (P.O. Box Number is Not Acceptable) 131 SE 2 AVENUE 7201 DAVIE ROAD EXT. HOLLYWOOD FL 33024 DANIA BEACH, FLORIDA Zip Code 33004 City why submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e CAROL WOLF-MOOMAW/PRESI **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition □ Delete TITLE CAROL WOLF-MOOMAW WOLF-MOOMAW, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 7201 DAVIE ROAD EXT. 131 SE 2 AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 DANIA BEACH, FLORIDA 33004 ☐ Addition TITL F Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

CAROL WOLF-MOOMAW

Daytime Phone #