2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000023545** May 01, 2000 8:00 am Secretary of State 1. Entity Name TENDER LAWN CARE OF SOUTH FLORIDA, INC. 05-01-2000 90380 044 ***150.00 Mailing Address Principal Place of Business 2201 SW WAYNE ST. 2201 SW WAYNE ST. PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984-4344 2. Principal Place of Business 3. Mailing Address 808 S.W. Amethi DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For FLucie, FL. 34953 PHISTLUCIE, FL 34953 4. FEI Number 65-090840. Not Applicable \$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 CHASE, GAIL D Street Address (P.O. Box Number is Not Acceptable) 808 SW AMETHIST TER. PORT ST. LUCIE FL 34953 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 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. 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 12. resident President TITI F ☐ Addition TITLE ☐ Delete James m. Chase, Jr. 808 S.W. Amethist Ter. NAME NAME STREET ADDRESS STREET ADDRESS Pt Strucie, FL. 34953 CITY-ST-ZIP CITY-ST-7/P Vice President ☐ Change Vice President ☐ Addition ☐ Delete TITLE TITLE DANIEL L. Snyder 1702 S.W. Hildle Lane NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pt St Lucio, FL: 34953 CITY-ST-ZIP Treasurer Treasurer ☐ Change ☐ Addition TITLE ☐ Delete TITLE TAMES M. Chase , Jr. NAME 808 S.W. HILULA LAME STREET ADDRESS STREET ADDRESS PHST Lucie, Pl. 34953 CITY-ST-ZIP CITY-ST-ZIP Secretary Alysia G. Snyder 1702 Sw. Hilolalane Secretary ☐ Change Addition ☐ Delete TIT) F TITLE NAME STREET ADDRESS STREET ADDRESS Pt St Lucie Fl. 34953 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 TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR