## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000023762** COUNTRYSIDE LAWN MANAGEMENT, INC. 01-21-2000 90052 036 \*\*\*150.00 Principal Place of Business Mailing Address 3504 CHESAPEAKE CIRCLE 3504 CHESAPEAKE CIRCLE 702815 **BOYNTON BEACH FL 33462** BOYNTON BEACH FL 33436-8560 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0905670 Not Applicable Country \$8.75 Additional Country. 5.-Certificate of Status Desired \_\_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAGNAN, MARK Street Address (P.O. Box Number is Not Acceptable) 3504 CHESAPEAKE CIRCLE **BOYNTON BEACH FL 33462** Zin Code City 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE DAGNAN, MARK NAME NAME 3504 CHESAPEAKE CIRCLE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33462** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

SIGNATURE: Walk Dig MARK DAGNAN- PRES 1/12/60 (561)714-6332
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date DayLime Phone #

changed, or on an attachment with an address, with all other like empowered.