

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031031

1. Entity Name

SUNCO LAWN CARE SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 019 ***150.00

Principal Place of Business

109 W. VIRGINIA AVE
CRESCENT CITY FL 32112

Mailing Address

109 W. VIRGINIA AVE
CRESCENT CITY FL 32112

2. Principal Place of Business

HC 2 Box 184-A

3. Mailing Address

HC 2 Box 184-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRESCENT CITY FL

City & State

CRESCENT CITY FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32112 Putnam

Zip

Country

32112 Putnam

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

MORRIS, ELIZABETH A
113 N. 4TH ST., STE. 2
PALATKA FL 32177

Name

JAMES L. PADGETT

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

10 CENTRAL AVE

City

CRESCENT CITY

FL

Zip Code

32112

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	DP	<input type="checkbox"/> Delete
NAME	MINTON, M. SCOTT	
STREET ADDRESS	109 W. VIRGINIA AVE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MINTON, SHELLI A	
STREET ADDRESS	109 W. VIRGINIA AVE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Shelli A. Minton

SHELLI A. MINTON 4/4/2000

904-328-6733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)