

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90051 025 ***150.00

DOCUMENT # P99000034375

1. Entity Name

DRIVER MOWER SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

601 U.S. HIGHWAY 331 S.
 DEFUNIAK SPRINGS FL ~~32433~~ 32435

601 U.S. HIGHWAY 331 S.
 DEFUNIAK SPRINGS FL ~~32433~~ 32435

2. Principal Place of Business

601 U.S. HIGHWAY 331 S.

Suite, Apt. #, etc.

3. Mailing Address

601 U.S. HIGHWAY 331 S.

Suite, Apt. #, etc.

City & State

DEFUNIAK SPRINGS, FL

City & State

DEFUNIAK SPRINGS, FL

Zip

Country

32435

Zip

Country

32435

4. FEI Number **59-3614696**
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DRIVER, HOWARD

601 U.S. HIGHWAY 331 S.

DEFUNIAK SPRINGS FL ~~32433~~ 32435

7. Name and Address of New Registered Agent

Name **DRIVER, HOWARD**

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

601 U.S. HIGHWAY 331 SOUTH

City

DEFUNIAK SPRINGS

FL

Zip Code

32435

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

Howard Driver
 HOWARD DRIVER

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DRIVER, HOWARD	
STREET ADDRESS	601 U.S. HIGHWAY 331 S.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD DRIVER	
STREET ADDRESS	601 U.S. HIGHWAY 331 SOUTH	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER DRIVER	
STREET ADDRESS	1436 SPRING LAKE RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA DRIVER	
STREET ADDRESS	601 U.S. HIGHWAY 331 SOUTH	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNETTE STOVALL	
STREET ADDRESS	2292 SPRING LAKE RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Martha Driver
 MARTHA DRIVER

1-8-02

850 892 7800

Date

Daytime Phone #

CR2E034 (9/01)