

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90028 047 ***150.00

DOCUMENT # P99000037868

Entity Name
CHRISTINE'S LAWN CARE, INC.

Principal Place of Business BONITO LN. FL 33063	Mailing Address 3407 BONITO LN. MARGATE FL 33071-8215
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Principal Place of Business 1330 NW 108TH AVE Suite, Apt. #, etc.	3. Mailing Address 1330 NW 108TH AVE Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33071	Zip 33071
Country BROWARD	Country BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0921188		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMPSON, CHRISTINE M 3407 BONITO LN. MARGATE FL 33063		
7. Name and Address of New Registered Agent Name THOMPSON CHRISTINE M Street Address (P.O. Box Number is Not Acceptable) 1330 NW 108TH AVE City CORAL SPRINGS FL Zip Code 33071		

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 	DATE 2/7/00
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5. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D THOMPSON, CHRISTINE M 3407 BONITO LN. MARGATE FL 33063 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D THOMPSON CHRISTINE M 1330 NW 108TH AVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 2/7/00	Daytime Phone # 954-283-5845
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CR2E034 (9/99)