

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044746

1. Entity Name

FINER LAWNS & GARDENS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90180 041 ***150.00

Principal Place of Business

2103 AUTUMN LEAF LANE
WINTER HAVEN FL 33884

Mailing Address

2103 AUTUMN LEAF LANE
WINTER HAVEN FL 33884-1819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578661

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

847381



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGUS, ROBERT W
1362 HAVENDALE BLVD.
WINTER HAVEN FL 33881

Name

Gayland E. Heverly

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

2103 Autumn Leaf Lane

City

Winter Haven,

FL

Zip Code
33884

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

Gayland E. Heverly

Gayland E. Heverly

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2000

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: ☐ \$5.00 May Be
Trust/Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME HEVERLY, GAYLAND E
STREET ADDRESS 2103 AUTUMN LEAF LANE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Gayland E. Heverly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

Daytime Phone #

CR2E034 (9/99)