

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000046674**

1. Entity Name

HARTLEY LAWN SERVICE, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

01-31-2000 90022 042 ***150.00

Principal Place of Business 12527 BRADY ROAD JACKSONVILLE FL 32223	Mailing Address 12527 BRADY ROAD JACKSONVILLE FL 32223-2831
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number 59-3582575	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HARTLEY, THOMAS
12527 BRADY ROAD
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature requires attestation)

DATE

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 \$160.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HARTLEY, THOMAS	
STREET ADDRESS	12527 BRADY ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

TITLE	D	☐ Delete
NAME	HARTLEY, SANDY	
STREET ADDRESS	12527 BRADY ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 19.07(2)(b), 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 500, 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized Print or Seal