

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048072

1. Entity Name

LAWN POLICE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90042 046 ***150.00

Principal Place of Business

2749 ELM DRIVE
PALM BAY FL 32905

Mailing Address

2749 ELM DRIVE
PALM BAY FL 32905-5508

2. Principal Place of Business

852 LAKE GEORGE DR

Suite, Apt. #, etc.
N/A

3. Mailing Address

852 LAKE GEORGE DR

Suite, Apt. #, etc.
N/A

City & State

MELBOURNE FLA

Zip
32940

Country
USA

City & State

MELBOURNE FLA

Zip
32940

Country
USA

4. FEI Number

59-3598323

Applied For

Not Applicable

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

AMES, SCOTT D
2749 ELM DRIVE
PALM BAY FL 32905

Name

SCOTT D. AMES

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

852 LAKE GEORGE DR

City

MELBOURNE

FL

Zip Code

32940

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)

4/17/00

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 \$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	D	<input type="checkbox"/> Delete
NAME	AMES, SCOTT D	
STREET ADDRESS	2749 ELM DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

DATE

Daytime Phone #

CR2E034 (9/99)