

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048954

1. Entity Name

PETERSON'S LAWN MAINTENANCE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90101 005 ***158.75

Principal Place of Business

Mailing Address

6660 LANDINGS DR. #113
 LAUDERHILL FL 33319

6660 LANDINGS DR. #113
 LAUDERHILL FL 33319-5087

2711 NW 107th Terrace
 Sunrise, FL 33322-1050

2. Principal Place of Business

3. Mailing Address

2711 NW 107th Terrace

2711 NW 107th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, FL

Sunrise, FL

Zip

Country

Zip

Country

33322-1050 USA

33322-1050 USA

4. FEI Number

65-0932549

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

PETERSON, THOMAS JOSEPH

6660 LANDINGS DR. #113

LAUDERHILL FL 33319

2711 NW 107th Terrace
 Sunrise, FL 33322-1050

Name

Peterson, Thomas Joseph

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

2711 NW 107th Terrace

City

Sunrise

FL

Zip Code

33322-1050

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

Thomas J. Peterson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas J. Peterson **THOMAS J. Peterson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(954) 749-5888

Daytime Phone #

CR2E034 (9/99)