

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
 03-29-2000 90036 045 ***150.00

DOCUMENT # P99000060482

1. Entity Name

CAMPBELL LAWN SERVICE OF CENTRAL FLORIDA, INC.

Principal Place of Business

1630 WOODBAY COURT
 KISSIMMEE FL 34744

Mailing Address

1630 WOODBAY COURT
 KISSIMMEE FL 34744-6425

2. Principal Place of Business

3. Mailing Address

1740 Kings Highway
 Suite, Apt. #, etc.

1740 Kings Highway
 Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3567807

Applied For

Not Applicable

Zip

34744

Country

Zip

34744

Country

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

CAMPBELL, NONA E
1630 WOODBAY COURT
KISSIMMEE FL 34744

Name

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

1740 Kings Highway

City

Kissimmee

FL

Zip Code

34744

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 required when reinstating)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CAMPBELL, NONA E
1630 WOODBAY COURT
KISSIMMEE FL 34744

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
1740 Kings Hwy
Kissimmee FL 34744-6425

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ 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: *Nona E. Campbell* **NONA E. CAMPBELL** *3/20/00* *407-870-2081*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)