

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060652

1. Entity Name

TO PROTECT AND CUT LAWN SERVICE, INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90040 042 \*\*\*158.75

Principal Place of Business

Mailing Address

105 VINEWOOD DR.  
SANFORD FL 32773

105 VINEWOOD DR.  
SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

4881 Orange Blvd.

P.O. Box 470282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sanford

City & State  
Lakeland

4. FEI Number 59-3563848

Applied For  
Not Applicable

Zip  
32771

Country  
Seminoe

Zip  
32747-0282

Country  
Seminoe

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

HERMAN, DAVID S  
105 VINEWOOD DR.  
SANFORD FL 32773

Name Rhonda Pickering  
Street Address 4881 Orange Blvd.  
City Sanford FL Zip Code 32771

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 *DAVID HERMAN* PREVIOUS AGENT *DAVID HERMAN* *Rhonda Pickering* NEW AGENT *Rhonda Pickering* 1/30/01  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BERNOSKY, THOMAS M<br>105 VINEWOOD DR.<br>SANFORD FL 32773 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HERMAN, DAVID S<br>105 VINEWOOD DR.<br>SANFORD FL 32773    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HERMAN, STACY L<br>105 VINEWOOD DR.<br>SANFORD FL 32773    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BERNOSKY, LEAH<br>105 VINEWOOD DR.<br>SANFORD FL 32773     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>Rhonda Pickering<br>Sanford, FL 32771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 time empowered.

SIGNATURE: *Rhonda Pickering*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/30/01 Daytime Phone #

CR2E034 (10/00)