

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063026

Entity Name

& H LANDSCAPE & LAWN MAINTENANCE SERVICES, INC

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90085 002 ***150.00

Principal Place of Business	Mailing Address
N. 18TH ST. FL 33610	6016 N. 18TH ST. TAMPA FL 33610-3513

622499



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 262-556961	Applied For <input checked="" type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOWELL, RICKEY A 6016 N. 18TH ST. TAMPA FL 33610		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <i>Rickey Howell</i> Signature, type or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE 3/5/00
---	--	----------------

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D HOWELL, RICKEY A 6016 N. 18TH ST. TAMPA FL 33610	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: <i>Rickey Howell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/5/00	Daytime Phone # 813-2091066
---	----------------	--------------------------------

CR2E034 (9/99)