

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064451

1. Entity Name  
PRECISION LANDSCAPING & MAINTENANCE, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90025 045 \*\*\*150.00

Principal Place of Business 6810 LUMBERJACK LANE OCOE FL 34761	Mailing Address 6810 LUMBERJACK LANE OCOE FL 34761-8107
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2. Principal Place of Business <u>CLERMONT, FL.</u>	3. Mailing Address <u>6810 LUMBERJACK LANE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>CLERMONT FL</u>	City & State <u>OCOE, FL.</u>
Zip <u>34712</u>	Zip <u>34761</u>
Country <u>USA</u>	Country <u>USA</u>



DO NOT WRITE IN THIS SPACE

4. EEL Number <u>593590649</u>	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  KUYKENDALL, MIKE 6810 LUMBERJACK LANE OCOE FL 34761	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	

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 \_\_\_\_\_ (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	<b>D</b> KUYKENDALL, MIKE 6810 LUMBERJACK LANE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HICKS, BRYAN 6810 LUMBERJACK LANE OCOE FL 34761 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: J.M. Kuykendall J.M. KUYKENDALL 4-30-00 407-532-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)