

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069800

1. Entity Name

A-ACTION LAWN SPRAYING CO.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90026 011 \*\*\*150.00

Principal Place of Business

Mailing Address

8001 YATES ROAD  
ORLANDO FL 32807

8001 YATES ROAD  
ORLANDO FL 32807

964090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8001 Yates Rd, Orlando 32807

3. Mailing Address

8001 Yates Rd, Orlando 32807

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Orlando, Florida

City & State

Orlando, FL

Zip

32807

Country

USA

Zip

32807

Country

USA

4. FEI Number

59-3588894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABERNATHY, LINDA  
8001 YATES ROAD  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

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

City

ST

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

*Linda Abernathy*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABERNATHY, LINDA	
STREET ADDRESS	8001 YATES ROAD	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABERNATHY, MICHAEL L	
STREET ADDRESS	8001 YATES ROAD	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Linda Abernathy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

407-275-1419

Daytime Phone #

CR2E034 (10/00)