

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070782

1. Entity Name
FLORIDA SOIL & LAWN, INC.

Principal Place of Business

1720 S. FLORIDA AVE
LAKELAND FL 33803

Mailing Address

1720 S. FLORIDA AVE 6828 FORESTWOOD DRIVE WEST
LAKELAND FL 33803
33811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3592023

Applied For
Not Applicable

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

TROIANO, VICTOR J
317 S TENNESSEE AVE
LAKELAND FL 33802

Name

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

City

FL

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

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, 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 NAME ☐ Delete
D OLIVER, DONNA K
STREET ADDRESS 1720 S. FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE NAME ☐ Change ☐ Addition
~~400004565224~~ ~~08/31/01--01025--011~~ ~~****150.00 ****70.00~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
400004565224 ~~08/31/01--01025--011~~ ~~****150.00 ****150.00~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Donna K Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 24 PM 5:49



DO NOT WRITE IN THIS SPACE

0638274

CR2E094 (10/00)

AD

BRINTON & ASSOCIATES, P.A.

990008782

Certified Public Accountants

August 14, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

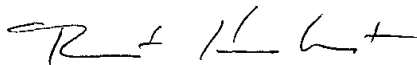
We are requesting abatement of all late fees due to circumstances beyond our client's control.

Our client's mail was inadvertently put with their tax file at our office by Mr. Bernardo J. Mendez, CPA - who subsequently died.

Neither my client nor myself were aware of the oversight until I began preparing their tax return on August 8, 2001. After discussing the incident with someone in your office @ (850) 488-9000, it was suggested to send the original amount due.

In good faith, my client is enclosing a check for \$150.00. Thank-you for your consideration and understanding.

Sincerely,



Robert D. Hurlburt, CPA