

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90193 026 ***150.00

DOCUMENT # P99000086285

1. Entity Name

LAWN & ORDER SERVICES INC

Principal Place of Business 18923 SW 94TH AVENUE MIAMI, FL 33157	Mailing Address SAME AS ADDRESS SHOWN ON PREVIOUS SCREEN
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2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0951103

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

JOHNNIE A. MELENDEZ
18923 SW 94TH AVENUE
MIAMI, FL 33157

Name

N/A

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNNIE A. MELENDEZ	
STREET ADDRESS	18923 SW 94TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 33157	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAM S. MEIXNER	
STREET ADDRESS	4165 TREE TOPS ROAD	
CITY - ST - ZIP	COOPER CITY, FL 33026	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RONALD C. VOWELL, JR.	
STREET ADDRESS	2301 SW 82ND WAY	
CITY - ST - ZIP	NORTH LAUDERDALE, FL 33068	

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"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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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:

Johnnie A. Melendez JOHNNIE A. MELENDEZ

Date

4/6/00 (305) 254-8806

Daytime Phone #