

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90101 026 \*\*\*150.00

**DOCUMENT # P99000090289**

1. Entity Name  
**DOLPHIN LAWN CARE, INC.**

Principal Place of Business

Mailing Address

2717 9TH AVE., WEST  
 FL 34205

2717 9TH AVE., WEST  
 BRADENTON FL 34205-4127

118041

2. Principal Place of Business

3. Mailing Address

5900 S. TAM. AM. TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

PARASOTA FL

Zip

Country

34231

Country

USA

4. FEI Number

65-0955091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROACH, VERONICA L  
 2717 9TH AVE., WEST  
 BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTRONSKAS

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

5900 S. TAM. AM. TRAIL

SUITE I

City PARASOTA

FL

Zip Code

34231

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

CATHERINE L. ASTRONSKAS

7-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | ROACH, VERONICA L   |                                 |
| STREET ADDRESS | 2717 9TH AVE., WEST |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34205  |                                 |
| 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    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | DIRECTOR             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROACH, VERONICA L.   |  |
| STREET ADDRESS | 2717 9th Avenue West |  |
| CITY-ST-ZIP    | Bradenton, FL 34205  |  |
| 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VERONICA L. ROACH

2/15/2000 (41) 746-193

CR2E034 (9/99)