

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094512

1. Entity Name

SOUTH FLORIDA LAND CLEARING INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90098 017 ***158.75

Principal Place of Business

Mailing Address

406 LOUIS AVE.
LEHIGH ACRES FL 33972

406 LOUIS AVE.
LEHIGH ACRES FL 33972-4741

2. Principal Place of Business

3. Mailing Address

406 LOUIS AVE.
Suite, Apt. #, etc.

406 LOUIS AVE.
Suite, Apt. #, etc.

City & State

LEHIGH ACRES FLA.

City & State

LEHIGH ACRES FLA.

4. FEI Number

65-0959577

Applied For

Not Applicable

Zip

33972

Country

LEE

Zip

33972

Country

LEE

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

HAWKINS, BILLY
406 LOUIS AVE.
LEHIGH ACRES FL 33972

Name

HAWKINS, WILLIAM

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

406 LOUIS AVE.

City

LEHIGH ACRES

FL

Zip Code

33972

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

OWNER.

(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHELL LEE HAWKINS
406 LOUIS AVE
LEHIGH ACRES FLA. 33972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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: William H. Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)