

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095118

1. Entity Name

ABSOLUTE PERFECTION LAWN CARE & LANDSCAPING, INC

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90043 015 ***150.00

Principal Place of Business

Mailing Address

4510 WEST ELM STREET
TAMPA FL 33614

4510 WEST ELM STREET
TAMPA FL 33614-3629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3628218

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

COON, CAMERON P
8516 CARA PARK WAY
TAMPA FL 33635

Coon, Cameron P
6501 N. Himes Ave #304
Tampa FL 33614

Name Coon, Cameron P.

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

6501 N. Himes Ave #304

City Tampa

FL

Zip Code 33614

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

Cameron P. Coon

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

(NOTE: Registered Agent signature required when reinstating)

4.14.00

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 Cameron P. Coon
STREET ADDRESS 6501 N. Himes Ave #304
CITY-ST-ZIP Tampa, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

Cameron P. Coon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.00 813-877-0425
Date Daytime Phone #