

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66060

1. Entity Name

MID-FLA LAWN CARE & LANDSCAPING, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90200 039 \*\*\*150.00

Principal Place of Business

185 NORTHWEST 4TH AVENUE  
 LAKE BUTLER FL 32054

Mailing Address

185 NORTHWEST 4TH AVENUE  
 LAKE BUTLER FL 32054

00053466

2. Principal Place of Business

10 S. LAKE AVE.

Suite, Apt. #, etc.

3. Mailing Address

10 S. LAKE AVE.

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FL

City & State

LAKE BUTLER, FL

4. FEI Number 59-3078013

Applied For

Not Applicable

Zip

32054

Country

U.S.A.

Zip

32054

Country

U.S.A.

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

GAFFORD, FRANK M  
 228 E. DUVAL ST  
 LAKE CITY FL 32055

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	P	<input type="checkbox"/> Delete
NAME	WILSON, WILLIAM SAM	
STREET ADDRESS	185 N.W. 4TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, ROBIN P.	
STREET ADDRESS	185 N.W. 4TH AVENUE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)