

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66570

1. Entity Name

LAWNS BY MARK, INC.

Principal Place of Business

4111 GARDEN AVE
WEST PALM BEACH FL 33405

Mailing Address

4111 GARDEN AVE
WEST PALM BEACH FL 33415-1441

2. Principal Place of Business

1463 RANCHETTE Rd.

Suite, Apt. #, etc.

3. Mailing Address

1463 RANCHETTE Rd.

Suite, Apt. #, etc.

City & State

West Palm Bch. FL

Zip

33415

Country

USA

City & State

West Palm Beach, FL

Zip

33415

Country

U.S.

4. FEI Number

65-0283213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANISLAWSKI, MARK S
4111 GARDEN AVE
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name STANISLAWSKI, MARK S.

Street Address (P.O. Box Number is Not Acceptable)
1463 RANCHETTE Rd.

City WEST PALM BEACH FL Zip Code 33415

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 D
NAME STANISLAWSKI, MARK S
STREET ADDRESS 4111 GARDEN AVE
CITY-ST-ZIP WEST PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: MARK STANISLAWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90471 043 ***150.00

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DO NOT WRITE IN THIS SPACE