

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # V17132**1. Entity Name
MIKE JENKINS LAWN SERVICE, INC.Principal Place of Business
704 OAKLAND HEIGHTS
PLANT CITY FL 33565
Mailing Address
PO BOX 3088
PLANT CITY FL 33565 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0322381
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**JENKINS, MIKE**
704 OAKLAND HEIGHTS**PLANT CITY FL 33565 US****7. Name and Address of New Registered Agent**

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 _____ **06/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **S** ☐ Delete
NAME **CAMPBELL HEATHER**
STREET ADDRESS **704 OAKLAND HGTS**
CITY-ST-ZIP **PLANT CITY FL 33565**TITLE **T** ☐ Delete
NAME **JENKINS TAMMY**
STREET ADDRESS **704 OAKLAND HGTS**
CITY-ST-ZIP **PLANT CITY FL 33565**TITLE **V** ☐ Delete
NAME **JENKINS MICHAEL II**
STREET ADDRESS **704 OAKLAND HGTS**
CITY-ST-ZIP **PLANT CITY FL 33565**TITLE **P** ☐ Delete
NAME **JENKINS, MICHAEL**
STREET ADDRESS **704 OAKLAND HGTS.**
CITY-ST-ZIP **PLANT CITY FL 33565**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Michael Jenkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**P** **06/13/2001**

Date Daytime Phone #

CR2E034 (11/00)