

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18577

1. Entity Name
BMS LAWN CARE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90018 030 ***150.00

Principal Place of Business

3850 HICPOCHEE BLVD
MOORE HAVEN FL 33471
US

Mailing Address

P. O. BOX 1858
LABELLE FL 33975-1858
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0316708

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

HICPOCHEE BLVD.
HENDRY ILES
MOORE HAVEN FL 33471

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: *Michelle Bennett*
Signature, typed or printed name of registered agent and title if applicable.

Michelle Bennett V. Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-00

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 VP
NAME BENNETT, MICHELLE
STREET ADDRESS P.O. BOX 2122 WINCHESTER AVENUE
CITY-ST-ZIP LABELLE FL 33975 ☐ Delete

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

TITLE P
NAME SMITH, B.J.
STREET ADDRESS P.O. BOX 2829/3850 HICPOCHEE BLVD.
CITY-ST-ZIP LABELLE FL ☐ Delete

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

TITLE T
NAME BENNETT, KENNEHT O
STREET ADDRESS P.O. BOX 2122/WINCHESTER AVE
CITY-ST-ZIP LABELLE FL 33975 ☐ Delete

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

TITLE S
NAME BYRD, RICHARD
STREET ADDRESS P.O. BOX 2829
CITY-ST-ZIP LABELLE FL 33975 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Michelle Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michelle Bennett V.P. 4-13-00 (863)983-0477

CR2E034 (9/99)