

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **V18577**

1. Entity Name

BMS LAWN CARE, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90082 018 ***150.00

Principal Place of Business

**3850 HICPOCHEE BLVD
MOORE HAVEN FL 33471
US**

Mailing Address

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

2. Principal Place of Business

6065 Delwood Terrace
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LaBelle FL

City & State

4. FEI Number **65-0316708**

Applied For

Not Applicable

Zip

33935

Country

US

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICPOCHEE BLVD.
HENDRY ILES
MOORE HAVEN FL 33471**

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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 \$350.00
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 **VP** ☐ Delete
NAME **BENNETT, MICHELLE**
STREET ADDRESS **P.O. BOX 2122 WINCHESTER AVENUE**
CITY-ST-ZIP **LABELLE FL 33975**TITLE **P** ☐ Delete
NAME **SMITH, B.J.**
STREET ADDRESS **P.O. BOX 2829/3850 HICPOCHEE BLVD.**
CITY-ST-ZIP **LABELLE FL**TITLE **T** ☐ Delete
NAME **BENNETT, KENNEHT O**
STREET ADDRESS **P.O. BOX 2122/WINCHESTER AVE**
CITY-ST-ZIP **LABELLE FL 33975**TITLE **S** ☐ Delete
NAME **BYRD, RICHARD**
STREET ADDRESS **P.O. BOX 2829**
CITY-ST-ZIP **LABELLE FL 33975**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
NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Bennett

Date

4-17-01 (863)674-0478

Daytime Phone #

CR2E034 (10/00)