

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V18577

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: BMS LAWN CARE, INC.

Current Principal Place of Business:

6065 DELWOOD TERR.
LABELLE, FL 33935 US

New Principal Place of Business:

15740 WINCHESTER AV
LABELLE, FL 33935 US

Current Mailing Address:

P. O. BOX 1858
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0316708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICPOCHEE BLVD.
HENDRY ILES
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BENNETT, MICHELLE
Address: P.O. BOX 2122 WINCHESTER AVENUE
City-St-Zip: LABELLE, FL 33975

Title: P () Delete
Name: SMITH, B.J.
Address: P.O. BOX 2829/3850 HICPOCHEE BLVD.
City-St-Zip: LABELLE, FL

Title: T () Delete
Name: BENNETT, KENNEHT O
Address: P.O. BOX 2122/WINCHESTER AVE
City-St-Zip: LABELLE, FL 33975

Title: S () Delete
Name: BYRD, RICHARD
Address: P.O. BOX 2829
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BENNETT, MICHELLE
Address: P.O. BOX 2122/ 15740 WINCHESTER AVENUE
City-St-Zip: LABELLE, FL 33975

Title: P (X) Change () Addition
Name: SMITH, B.J.
Address: P.O. BOX 2829/3850 HICPOCHEE BLVD.
City-St-Zip: LABELLE, FL 33975

Title: T (X) Change () Addition
Name: BENNETT, KENNETH O
Address: P.O. BOX 2122/15740 WINCHESTER AVE
City-St-Zip: LABELLE, FL 33975

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH O. BENNETT

T

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date