

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90181 003 ***150.00

DOCUMENT # ✓30739

1. Entity Name CREATIVE LAWN MAINTENANCE, INC.

Principal Place of Business Mailing Address
2045 EVENTIDE AVE
JACKSONVILLE, FL. 32259

2. Principal Place of Business 3. Mailing Address
2045 EVENTIDE AVE. 2045 EVENTIDE AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, Florida JACKSONVILLE, Florida
Zip Country Zip Country
32259 USA 32259 USA

4. FEI Number 59-3117432 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Paul Edward McPhee
2045 EVENTIDE AVE
JACKSONVILLE, Florida. 32259

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 Paul E. McPhee / President DATE 4.19.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT/DIRECTOR</u> <input type="checkbox"/> Delete	
NAME	<u>PAUL E. MCPHEE</u>	
STREET ADDRESS	<u>2045 EVENTIDE AVE</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, Florida. 32259</u>	
TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Delete	
NAME	<u>michele L. McPhee</u>	
STREET ADDRESS	<u>2045 EVENTIDE AVE</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, Florida 32259</u>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul E. McPhee / President DATE 4.19.2000 DAYTIME PHONE # 904 333 5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)