

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90036 041 \*\*\*150.00

**DOCUMENT # V41553**

1. Entity Name

**GRAIG GAMMONS COMPLETE LAWN SERVICE, INC.**

Principal Place of Business

Mailing Address

8031 NW 47 LINDAHILL  
 WAREHOUSE  
 LAUDERHILL FL 33351  
 US

8031 NW 47TH ST  
 WAREHOUSE  
 FT. LAUDERDALE FL 33309  
 US

**710960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0343226**

Applied  
 Not Applied

Zip

Country

Zip

Country

*Broward*

*33351*

*Broward*

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAMMONS, CRAIG**  
**8031 NW 47 ST**  
**STE 110**  
**LAUDERHILL FL 33351**

Name

*None*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Craig Gammons*

*1/29/00*

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  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**GAMMONS, GRAIG**  
**8031 N.W. 47 ST**  
**LAUDERHILL FL 33351**

☐ Delete

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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 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

Date

Daytime Phone #

*Craig Gammons*

*1/29/00*

*954-372-0000*