**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State **DOCUMENT # V52011** 1. Entity Name 05-17-2001 90394 050 \*\*\*150.00 B & M LAWN SERVICE, INC. Principal Place of Business Mailing Address 1636 COCOANUT ROAD 1636 COCOANUT ROAD JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3136997 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1636 COCOANUT ROAD JACKSONVILLE FL 32224 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible-FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE DVS ☐ Delete TITLE NAME MILLER, BRENDA NAME STREET ADDRESS STREET ADDRESS 1636 COCOANUT ROAD CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville fl 32224</u> ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME MILLER, BRENDA STREET ADDRESS STREET ADDRESS 1636 COCOANUT ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MILLER, PAUL STREET ADDRESS STREET ADDRESS 1636 COCOANUT ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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 with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #