2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # V64681** ISLAND GROUNDS MAINTENANCE, INC. 01-25-2000 90088 012 ***150.00 Principal Place of Business Mailing Address 10508A STATE ROAD 64 EAST 10508A STATE ROAD 64 EAST **BRADENTON FL 34202-9288 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0355183 Not Applicati Zip Country 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 THOMAS C. BURISH-SR. BURISH, THOMAS C. Street Address (P.O. Box Number is Not Acceptable) 4035 CARLTON INLET DRIVE 13608 2ND AVENUE E **BRADENTON FL 34202** CityBRADENTON 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 Fiorida TOM C. BURISH SR. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PST** TITLE Addition TITLE ☐ Delete BURISH TOM INTET DRIVE APTC. BURISH, TOM NAME NAME STREET ADDRESS 13608 2ND AVE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34208 **BRADENTON FL** ☐ Delete TITLE PC Change Addition TITLE BURISH, TOM NAME NAME (SAME AS ABOUE) STREET ADDRESS 13608 2ND AVE EAST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

FILED