

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # H37202**1. Entity Name
SEMINOLE LANDSCAPING, INC.

Principal Place of Business	Mailing Address
% RONALD S. MORTON	% RONALD S. MORTON
2825 RICHMOND AVENUE	2825 RICHMOND AVENUE
SANFORD FL	SANFORD FL
32773	32773

2. Principal Place of Business	3. Mailing Address
2825 RICHMOND AVENUE	2825 RICHMOND AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
SANFORD FL	SANFORD FL

4. FEI Number	Applied For
59-2488773	Not Applicable

Zip	Country	Zip	Country
32773		32773	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

MORTON, RONALD S.
2825 RICHMOND AVENUE

SANFORD FL
32773

Name	MORTON RONALD S
Street Address (P.O. Box Number is Not Acceptable)	2825 RICHMOND AVENUE
City	SANFORD FL
Zip Code	32773

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 **RONALD S MORTON****01/09/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	STD	<input type="checkbox"/> Delete
NAME	MORTON, JANE E.	
STREET ADDRESS	2825 RICHMOND AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON JANE E	
STREET ADDRESS	2825 RICHMOND AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTON, RONALD S.	
STREET ADDRESS	2825 RICHMOND AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON RONALD S	
STREET ADDRESS	2825 RICHMOND AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JANE E MORTON**STD 01/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)