2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # \$16420** EMERALD LANDSCAPING & IRRIGATION, INC. 02-09-2001 90109 049 ***150.00 Principal Place of Business Mailing Address 6285 OLD MIDDLEBURG RD. 6285 OLD MIDDLEBURG RD. JACKSONVILLE FL 32222 JACKSONVILLE FL 32222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3042107 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 GREEN, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 1409 KINGSLEY AVE. BLDG, 1C **ORANGE PARK FL 32073** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE Change ☐ Addition **JOLLY, ALLEN EUGENE** NAME NAME STREET ADDRESS 6285 OLD MIDDLEBURG RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JOLLY, ROBERT NAMÉ STREET ADDRESS 618 PURCELL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL TITLE TITLE Defete ■ Addition JOLLY, VIRGINIA ANA NAME NAME STREET ADDRESS 6285 OLD MIDDLEBURG RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Thange TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

allen Eugene John

PRESIDENT

1-29-2001

904/771-4240

FILED

Daytime Phone #