

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90094 044 ***150.00

DOCUMENT # 234397

1. Entity Name

JACKSONVILLE LANDSCAPE COMPANY

Principal Place of Business

Mailing Address

4040 RICKER RD
 JACKSONVILLE FL 32210

4040 RICKER RD
 JACKSONVILLE FLA 32210-4608

2. Principal Place of Business

3015 HARTLEY RD.

Suite, Apt. #, etc.
SUITE # 20

City & State
JACKSONVILLE, FLA.

Zip
32257

Country
DUVAL

3. Mailing Address

3015 HARTLEY RD.

Suite, Apt. #, etc.
SUITE # 20

City & State
JACKSONVILLE, FLA.

Zip
32257

Country
DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0897554**

Applied For

Not Applicable

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

LOTT, DALE W
9932 BEAUCLERC TERRACE
JACKSONVILLE FL 32217

Name

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

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P LOTT, DALE W 9932 BEAUCLERC TERRACE JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST MANNING, WAYNE O 1135 PONTE VEDRA BLVD PONTE VEDRA, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 #

DALE W. LOTT

1-10-00

904.288.9292

CR2E034 (9/99)