

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341234

1. Entity Name

PARAMOUNT LANDSCAPING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90097 006 ***150.00

Principal Place of Business

4928 SABLE PINE CIRCLE
UNIT B
WEST PALM BEACH FL 33417
US

Mailing Address

4928 SABLE PINE CIRCLE
UNIT B
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

Zip

Country

Palm Beach

Zip

Country

Palm Beach

6. Name and Address of Current Registered Agent

TOMS, GEORGE B
4928 SABLE PINE CIRCLE
UNIT B
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

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 *GEORGE B. TOMS Pres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-01
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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMS, GEORGE B	
STREET ADDRESS	4928 SABLE PINE CIR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCALLA, STANLEY H JR.	
STREET ADDRESS	6530 N. OCEAN BLVD #108	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALLA, ROSS L	
STREET ADDRESS	30 OAK LN	
CITY-ST-ZIP	GLEN COVE NY 11542	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALLA, DAVID M	
STREET ADDRESS	30 OAK LN	
CITY-ST-ZIP	GLEN COVE NY 11542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *George B. Toms*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 *561-697-4687*

Date

Daytime Phone #

CR2E034 (10/00)