

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 549548

1. Entity Name

CLASSIC LANDSCAPE & IRRIGATION, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90351 022 ***150.00

Principal Place of Business

Mailing Address

5950 S.E. 138TH ST
~~P.O. BOX 1717~~
HOBE SOUND FL 33475
US

5950 S.E. 138TH ST
~~P.O. BOX 1717~~
HOBE SOUND FL 33455-9749

2. Principal Place of Business

5950 SE 138th ST.

Suite, Apt. #, etc.

3. Mailing Address

5950 SE 138th ST.

Suite, Apt. #, etc.

City & State

HOBE SOUND FL.

City & State

HOBE SOUND FL

4. FEI Number

59-1784773

Applied For

Not Applicable

Zip

Country

33455 USA

Zip

Country

33455 USA

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

JENKINS, DONALD A.
8756 SE BAHAMA CIRCLE
HOBE SOUND FL 33455

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JENKINS, PAULA K.
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME JENKINS, DONALD A.
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Paula K. Jenkins PAULA K. JENKINS

4/20/01

Date

561-546-6496

Daytime Phone #

CR2E034 (10/00)