

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90159 035 ***150.00

DOCUMENT # 636048

1. Entity Name
B & L LANDSCAPE COMPANY, INC.

Principal Place of Business

**7748 SPANER RD
 POB 24384
 JAX FL 32241
 US**

Mailing Address

**7748 SPANER ROAD
 PO BOX 24384
 JACKSONVILLE FL 32256-1440**

B002731b



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1938351**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEPRELL, SAMUEL L
 1300 GULF LIFE DR
 JACKSONVILLE FL 32207**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	EVP WURSTER, MELVIN E 12111 CATTAIL DR W JACKSONVILLE FL 32223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WURSTER, DOROTHY L 12111 CATTAIL DR W JACKSONVILLE FL 32223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WURSTER, KIRK E. 3858 BOONE PARK AVE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WURSTER, MELVIN E 12111 CATTAIL DR W JACKSONVILLE FL 32223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WURSTER, KIRK E 3858 BOONE PARK AVE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WURSTER, DOROTHY L 12111 CATTAIL DR W JACKSONVILLE FL 32223	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Kirk E. Wurster 2751 Jacinto Creek Dr W Jax, FL 32223</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Kirk E. Wurster 2751 Jacinto Creek Dr W. Jax FL 32223</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 #

Dorothy L. Wurster

1/31/02 904-262-1264

CR2E034 (9/01)