

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84511

1. Entity Name

ATLANTIC LANDSCAPE SERVICES, INC.

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90041 001 ***400.00
08-24-2001 90041 002 ***150.00

Principal Place of Business Mailing Address
~~971 36 CT SW~~ 2455 4TH CITRUS ST.
VERO BEACH FL 32968 VERO BEACH FL 32962

11011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2455 4TH STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State Vero Beach, FL
Zip 32962 Country 12 Co.
City & State Zip Country

4. FEI Number 59-2456035 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

BLACK, GEORGE NORMAN
2455 4TH CITRUS ST
VERO BEACH FL 32962

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, GEORGE NORMAN 2455 4TH CITRUS ST VERO BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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 #

CR2E034 (10/00)