

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002843

1. Entity Name
EARTHMAN LANDSCAPING CORP.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90014 033 ***150.00

Principal Place of Business 7329 FEATHERSTONE BLVD SARASOTA FL 34238	Mailing Address 7329 FEATHERSTONE BLVD SARASOTA FL 34238-4391
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2. Principal Place of Business 7329 Featherstone Blvd. Suite, Apt. #, etc.	3. Mailing Address 7329 Featherstone Blvd. Suite, Apt. #, etc.
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34238	Zip 34238
Country U.S.A.	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3699981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MULLINS, DAVID 7329 FEATHERSTONE BLVD SARASOTA FL 34238	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 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* (941) 922-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #