

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90380 031 \*\*\*150.00

**DOCUMENT #** 6 00053

**1. Entity Name**

Bitter Blue Lawn & Garden Inc. ✓

**Principal Place of Business**

**Mailing Address**

1621 NW 37th Way  
Pembroke Pines, FL 33024

Same

768970

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

59-2221731

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Engel, Leo

**Name** Leo Engel

**Street Address (P.O. Box Number is Not Acceptable)**  
7910 Taft St #306

**City** Pembroke Pines

**FL**

**Zip Code** 33024

**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** Leo T. Engel

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-27-01

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** TREASURER  
**STREET ADDRESS** ENGEL, LORRAINE J.  
**CITY-ST-ZIP** 7910 TAFT ST. 306  
Pembroke Pines, FL 33024

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** President  
**STREET ADDRESS** ENGEL, LEO  
**CITY-ST-ZIP** 7910 TAFT ST 306  
Pembroke Pines, FL 33024

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**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:** Lorraine J. Engel, treasurer Lorraine J. Engel, treasurer

Signature and title of registered agent, officer or director

CR2E034 (11/00)