

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # H37202

1. Entity Name
SEMINOLE LANDSCAPING, INC.

Principal Place of Business % RONALD S. MORTON 2825 RICHMOND AVENUE SANFORD 32773 FL	Mailing Address % RONALD S. MORTON 2825 RICHMOND AVENUE SANFORD 32773 FL
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2. Principal Place of Business 2825 RICHMOND AVENUE	3. Mailing Address 2825 RICHMOND AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SANFORD FL	City & State SANFORD FL
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4. FEI Number 59-2488773	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32773	Country	Zip 32773	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORTON, RONALD S.
2825 RICHMOND AVENUE

SANFORD FL 32773

7. Name and Address of New Registered Agent

Name MORTON RONALD S
Street Address (P.O. Box Number is Not Acceptable) 2825 RICHMOND AVENUE
City SANFORD FL Zip Code 32773

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 **RONALD S MORTON**

01/09/2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORTON, JANE E. 2825 RICHMOND AVENUE SANFORD FL 32773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, RONALD S. 2825 RICHMOND AVENUE SANFORD FL 32773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORTON JANE E 2825 RICHMOND AVENUE SANFORD FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON RONALD S 2825 RICHMOND AVENUE SANFORD FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JANE E MORTON**

STD 01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)