

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90068 014 ***150.00

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DOCUMENT # J17610

1. Entity Name
FLANAGAN'S LANDSCAPES CORP.



Principal Place of Business
~~301 N.E. TOWN TERRACE~~
~~JENSEN BEACH FL 34957~~

Mailing Address
~~301 N.E. TOWN TERRACE~~
~~JENSEN BEACH FL 34957~~



2. Principal Place of Business

2674 S.E. S. BLACKWELL DR SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

PH

Suite, Apt. #, etc.

SAME

City & State

PSL, FL

City & State

SAME

Zip

34952

Country

USA

Zip

34952

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2696246**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLANAGAN, JOHN

~~301 N.E. TOWN TERRACE~~

~~JENSEN BEACH FL 34957~~

7. Name and Address of New Registered Agent

Name

FLANAGAN, JOHN

Street Address (P.O. Box Number is Not Acceptable)

2674 SE S BLACKWELL DR

~~301 N.E. TOWN TERRACE~~

City

PSL

FL

Zip Code

34952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FLANAGAN, JOHN 801 N.E. TOWN TERRACE- JENSEN BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FLANAGAN, JUDITH 301 N.E. TOWN TERRACE JENSEN BEACH FL	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2674 S.E. S. BLACKWELL DR PSL, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2674 SE S. BLACKWELL DR PSL, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. 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 10 or Block 11 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

7/27/03 772 335-8684
772 708-1458
(CELL)

CR2E034 (4/03)

Attachment
80134387

FL Dept OF STATE -

7/27/03

Our Corp did NOT Receive

The First Notice sent out. JMWLD

This might Be Due To Our

Moving + Forwarding Of The

MAIL - Enclosed is The ORIGINAL

\$150.00 Filing Fee -

Thank you

Justin Flanagan
Vice Pres / Treasurer
FLANAGAN'S LANDSCAPES
CORP

FBI # 59-2696246