

DOCUMENT # J71250

FURTON LANDSCAPE, INC.

% RALPH R. FURTON, SR.
9718 DOGWOOD AVE.
PALM BEACH GARDENS FL 33410

% RALPH R. FURTON. SR.
9718 DOGWOOD AVE.
PALM BEACH GARDENS FL 33410-4760

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Not Applicable

7

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	FURTON, RALPH R. SR	
STREET ADDRESS	9718 DOGWOOD AVE.	
CITY-ST-ZIP	PALM BEACH GRNS FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	FURTON, CAROLYN I.	
STREET ADDRESS	9718 DOGWOOD AVE.	
CITY - ST - ZIP	PALM BEACH GRDNS FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS

new to dept of _____ ☐ Change ☐ Addition

State by 3/1/2005
\$150.00
w/HR

sign 3 m
check

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 no other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #