

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 08, 2000 8:00 am
Secretary of State

04-21-2000 90002 028 ***150.00

DOCUMENT # K07387

1. Entity Name

A.J.'S GREENTREE LANDSCAPE & MAINTENANCE, INC.

Principal Place of Business

Mailing Address

% ALVIN JAGODA
118 GULFSTREAM RD.
N PALM BEACH FL 33408

% ALVIN JAGODA
118 GULFSTREAM RD.
N PALM BEACH FL 33408-3808

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 **65-0017580**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYNA JAGODA
118 GULFSTREAM RD
NO. PALM BEACH FL 33408

Name **ALVIN JAGODA**
Street Address (P.O. Box Number is Not Acceptable)
118 GULFSTREAM Rd
City **N.P.B.** FL Zip Code **33408**

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 *Alvin Jagoda* **ALVIN JAGODA** **4-30-2000**
Signature or printed name of agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its filing obligations by electronic filing of its annual report 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	JAGODA, ALVIN	
STREET ADDRESS	118 GULFSTREAM RD.	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	JAGODA, BRYNA	
STREET ADDRESS	118 GULFSTREAM RD.	
CITY-ST-ZIP	N. PALM BEACH 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		

TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIN JAGODA	
STREET ADDRESS	118 GULFSTREAM RD	
CITY-ST-ZIP	N.P.B. FL. 33408	
TITLE	SECT. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYNA JAGODA	
STREET ADDRESS	118 GULFSTREAM RD	
CITY-ST-ZIP	N.P.B. FL. 33408	
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		
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)(l), 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: *Alvin Jagoda* **ALVIN JAGODA** **4-14-2000** **561-626-7257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)