

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90142 006 ***150.00

DOCUMENT # K45569

1. Entity Name
NATALIE JONES LANDSCAPING, CO.



Principal Place of Business
**5775 REYNOLDS RD
LAKE WORTH FL 33467
US**

Mailing Address
**5775 REYNOLDS RD
LAKE WORTH FL 33467
US**

22000445



2. Principal Place of Business

3. Mailing Address

4411 DANIELSON DR
Suite, Apt. #, etc.

4411 DANIELSON DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

LAKE WORTH FL

LAKE WORTH, FL

4. FEI Number

65-0083168

Applied For

Not Applicable

Zip
33467

Country
US

Zip
33467

Country
US

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

**JONES, NATALIE
5775 REYNOLDS RD
LAKE WORTH FL 33467**

Name

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

4411 DANIELSON DR

City

LAKE WORTH

FL

Zip Code

33467

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

NATALIE JONES

1/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
JONES, NATALIE
5775 REYNOLDS RD
LAKE WORTH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
NATALIE JONES
4411 DANIELSON DR
LAKE WORTH FL 33467**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

NATALIE JONES

1-30-03

561-965-2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)