## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am **DOCUMENT # K74749 Secretary of State** 1. Entity Name C.J.'S LANDSCAPING AND MAINTENANCE, INC. 02-05-2000 90031 038 \*\*\*158.75 Mailing Address Principal Place of Business 10310 N.E. 25TH AVE ROAD 10310 N.E. 25TH AVE ROAD BRANFORD FL 32008 BRANFORD FL 32008-6847 ≡ ≣ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0103756 Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRINDLE, WILBUR Street Address (P.O. Box Number is Not Acceptable) 10210 N.E. 25TH AVE RD. BRANFORD FL 32008 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Delete TITLE TITLE BRINDLE, WILLIAM NAME STREET ADDRESS STREET ADDRESS 10210 N.E. 25TH AVE RD. CITY-ST-ZIP CITY-ST-ZIP **BRANFORD FL 32008** ☐ Delete TITLE TITLE BRINDLE, GLORIDA NAME NAME STREET ADDRESS 10210 N.E. 25TH AVE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANFORD FL 32008** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ≡ ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not ∸\_\_\_

\$8.75 Additional

Zip Code

\$5.00 May Bi

Added to Fees

☐ Change

☐ Change

Change

☐ Change

☐ Change

Change

Fee Required