

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90009 003 ***150.00

DOCUMENT # K87903

1. Entity Name
LONGWOOD HILLS LANDSCAPING COMPANY, INC.

Principal Place of Business

280 LONGWOOD HILLS RD
LONGWOOD FL 32752-1269

Mailing Address

280 LONGWOOD HILLS RD
LONGWOOD FL 32752-1269

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 59-3045441

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

MASTERS, BARRIE P
209 SWEETWATER BLVD S
LONGWOOD FL 32779

Name Maryam AFSHARI

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

280 Longwood Hills Rd

City Longwood.

FL

Zip Code 32750

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 MARYAM AFSHARI

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

M. Afshari

(NOTE: Registered Agent signature required when reinstating)

2-10-2001

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, 2001 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 PD
NAME AFSHARI, MARYAM
STREET ADDRESS 280 LONGWOOD HILLS RD
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

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

TITLE VDS
NAME MASTERS, BARRIE P
STREET ADDRESS 209 SWEETWATER BLVD S
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Maryam Afshari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2001 4073392680

Date

Daytime Phone #

CR2E034 (10/00)