

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90065 047 ***158.75

DOCUMENT # K94546

1. Entity Name

MARTY ARD LANDSCAPING, INC.

Principal Place of Business

Mailing Address

42 PAVILION DRIVE
QUINCY FL 32351

42 PAVILION DRIVE
QUINCY FL 32343-0680

2. Principal Place of Business

3. Mailing Address

1335 Commerce Blvd.

P.O. Drawer 680

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Midway, FL

Midway, FL

City & State

City & State

4. FEI Number

59-2952701

Applied For

Not Applicable

32343-

Gadsden

32343-0680

Gadsden

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

ARD, WILMER M., JR.
42 PAVILION DR
QUINCY FL 32351

Name **ARD, Wilmer M., JR.**

Street Address (P.O. Box Number is Not Acceptable) **P.O. Drawer 680**

1335 Commerce Blvd.

City **Midway**

FL

32343-0680

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 **Wilmer M. Ard, Jr.**

Wilmer M. Ard, Jr.

2/17/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARD, WILMER M., JR. 42 PAVILION DR QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARD, BRENDA K. 42 PAVILION DR QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARD, Wilmer M., JR. 1335 Commerce Blvd. Midway, FL 32343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARD, Brenda K. 1335 Commerce Blvd. Midway, FL 32343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Brenda Ard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 (850) 576-3030

Date

Daytime Phone #