

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90080 049 ***150.00

DOCUMENT # L03538

1. Entity Name

MACLEAN LANDSCAPING, INC.

Principal Place of Business

**4035 MCCULLOUGH RD.
MIMS FL 32754**

Mailing Address

**4035 MCCULLOUGH RD.
MIMS FL 32754-0101**

2. Principal Place of Business

4000 SE 128th Ave

3. Mailing Address

4000 SE 128th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee Florida

City & State

Okeechobee

4. FEI Number

65-0140049

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

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

**MACLEAN, GREGORY S
4035 MCCULLOUGH RD.
MIMS FL 32754**

Name

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

City

FL

Zip Code

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

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 Delete
P
NAME **MACLEAN, GREGORY S**
STREET ADDRESS **4035 MCCULLOUGH RD.**
CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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)(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:

MACLEAN, GREGORY S. Maclean

4/25/00

Date

941 467 8372

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR