

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005413

1. Entity Name  
SUPERIOR LANDSCAPE MAINTENANCE, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90310 025 \*\*\*150.00

Principal Place of Business  
5452 N. PINEHILLS RD.  
ORLANDO FL 32808

Mailing Address  
5452 N. PINEHILLS RD.  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

P. O. Box 161417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Altamonte Springs, FL

4. FEI Number 59-3633284

Applied For  
Not Applicable

Zip

Country

Zip

32716-1417

Country

USA

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

HICKS, HENRY W  
1514 1/2 E. 8TH AVE., SUITE 4  
TAMPA FL 33605

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: Eugene Calabrese, Pres. Eugene Calabrese, Pres. Feb.28, 2001 407 788-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)