

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91167 026 ***150.00

DOCUMENT # P00000009153

1. Entity Name

~~EMERALD LAWN CARE & FENCE-ING.~~

Emerald Lawn & Fence, Inc.

*ne
4/1*

Principal Place of Business

Mailing Address

~~2639 PINWOOD BLVD. EAST
MIDDLEBURG FL 32068~~

~~2639 PINWOOD BLVD. EAST
MIDDLEBURG FL 32068~~

2. Principal Place of Business

369 Blanding Blvd. #

Suite, Apt. #, etc.

suite 1002

City & State

Orange Park, FL

Zip

32073

Country

3. Mailing Address

369 Blanding Blvd.

Suite, Apt. #, etc.

suite 1002

City & State

Orange Park FL

Zip

32073

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3627477

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

BUFFINGTON, JOHN II

~~2639 PINWOOD BLVD. EAST~~

~~MIDDLEBURG FL 32068~~

Name:

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

3980 Equestrian Ct.

City

Middleburg

FL

Zip Code

32068

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]
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!!
After MAY 1, 2001
Make Check Payable to Department of State**

**FEE IS \$150.00
Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BUFFINGTON, JOHN G II	
STREET ADDRESS	2639 PINWOOD BLVD. EAST	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFINGTON, CHERYL C	
STREET ADDRESS	2639 PINWOOD BLVD. EAST	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFINGTON, MARK B	
STREET ADDRESS	2892 CIRCLE RIDGE DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3980 Equestrian Ct.</i>	
CITY-ST-ZIP	<i>Middleburg, FL 32068</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3980 Equestrian Ct.</i>	
CITY-ST-ZIP	<i>Middleburg, FL 32068</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-759-4040