

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-15-2001 90124 032 ***150.00

DOCUMENT # P00000009713

1. Entity Name

FLORIDA LANDSCAPE & MAINTENANCE SERVICES, INC.

Principal Place of Business

1718 JUNO ROAD, SUITE ONE
 N. PALM BEACH FL 33408

Mailing Address

1718 JUNO ROAD, SUITE ONE
 N. PALM BEACH FL 33408

2. Principal Place of Business

1718 Juno Rd. #1
 Suite, Apt. #, etc.
 N.P.B. FL 33408

3. Mailing Address

P.O. Box 2955
 Suite, Apt. #, etc.

City & State

33408 P.B.C.

City & State

Jupiter, FL

4. FEI Number

05-0982786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOUYEA, CHRISTOPHER
 1718 JUNO ROAD, SUITE ONE
 N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Chris Bouyea	
STREET ADDRESS	1718 Juno Rd. #1	
CITY-ST-ZIP	N.P.B., FL 33408	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Donald Bouyea	
STREET ADDRESS	727 N. view Dr.	
CITY-ST-ZIP	Jupiter, FL 33458	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Chris Bouyea

Chris Bouyea

4-30-01

575-3437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)