

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040034

1. Entity Name

SONNY'S TOTAL LANDSCAPING, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91234 039 ***150.00

Principal Place of Business

11200 SW 187 STREET
MIAMI FL 33157

Mailing Address

11200 SW 187 STREET
MIAMI FL 33157

2. Principal Place of Business

3416 NE 2 Ave

Suite, Apt. #, etc.

3. Mailing Address

3416 NE 2 Ave

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

Zip

33334

Country

Broward

City & State

OAKLAND PARK FL

Zip

33334

Country

Broward

4. FEI Number

65-1004294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR
4675 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Robert Clarington

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

11200 SW 187 ST

City

Miami

FL

Zip Code

33157

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]

Robert Clarington

4-23-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 D
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BLVD STE 305
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE P
NAME Robert Clarington
STREET ADDRESS 11200 SW 187 STREET
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature] Robert Clarington

Date

Daytime Phone #

4-23-01 321-5610

CR2E034 (10/00)