

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043136

1. Entity Name:

JOSEPH BROTHERS LANDSCAPING SUPPLIES, INC.

Principal Place of Business

3029 FORSYTH RD  
WINTER PARK FL 32792

Mailing Address

3029 FORSYTH RD  
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOSEPH, ROY  
3029 FORSYTH RD  
WINTER PARK FL 32792

4. FEI Number

59-2976898

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

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 remodeling)

(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |           |                                 |  |
|--|---|-----------|---------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Roy-Joseph<br>3029 Forsyth Rd<br>As Above | President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Roy Joseph                                | Sec.      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Roy Joseph                                | Treas.    | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(b), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 recorder 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.

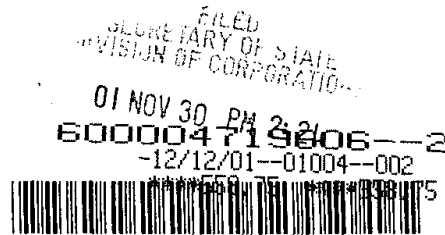
SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy A. Joseph 407679-7787

Date

Signature/Title



DO NOT WRITE IN THIS SPACE

CR2E034 (10-00)

**JOSEPH BROTHERS LANDSCAPING SUPPLIES, INC.**

**3029 Forsyth Road**

**Winter Park, FL 32792**

**Phone: (407) 679-7787 Fax: (407) 679-0577**

November 26, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

In June we received from our Accountant the original Annual Report that had not been filed. He was returning some documents to us and somehow this was lost in the paper work and never taken care of. On June 29<sup>th</sup> we sent a letter explaining what had happened with the report and our check #3038 for \$150.00. In October we were having our corporate book updated and found that the Department of State never received our check #3038 for \$150.00. I then called the reinstatement department and was told that all I needed to do was to send a new check for \$550.00 with a copy of the original report sent on 6/29/01. They did not explain to me that we needed to send another letter of explanation. I mailed a new check #3304 for \$558.75 to include late fees and the fee for the Certificate of Status. This was done on October 10<sup>th</sup>. On November 21<sup>st</sup> I received the check back asking for a letter of explanation to waive the fees.

Please accept this letter of explanation and process our reinstatement as soon as possible. Thank you for your consideration.

Sincerely,



Danielle McCullough  
Accounting Manager