

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 036 ***150.00

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DOCUMENT # P00000047149

1. Entity Name

ANTHONY JULIAN LANDSCAPES, INC.



Principal Place of Business
1527 NW 65TH AVE
MARGATE FL 33063

Mailing Address
1527 NW 65TH AVE
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1012966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULIAN, ANTHONY
1527 NW 65TH AVE
MARGATE FL 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JULIAN, ANTHONY
1527 NW 65TH AVE
MARGATE FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

Anthony Julian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 954-974-7126
Date Daytime Phone #

CR2E034 (4/03)

Attachment
90141260
P00000047149

7-7-03

TO WHOM IT MAY CONCERN;
I NEVER RECEIVED
MY UNIFORM BUSINESS
REPORT FORM UNTIL THIS
MORNING. I HAVE ALWAYS SENT
IT IN ON TIME. I'M
SORRY FOR THIS BUT IF
ANY QUESTIONS PLEASE CALL
954-647-3286 MOBILE PHONE
UNTIL 5:00 PM OR
954-974-7126 NIGHT TIME

Thank You
Anthony J. J. J.