

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 010 ***150.00

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DOCUMENT # P00000053302

1. Entity Name
MCCORMICKS LANDSCAPES & FLORAL DESIGNS INC.



Principal Place of Business
11113 AIRPORT DRIVE
SEBASTIAN FL 32958

Mailing Address
11113 AIRPORT DRIVE
SEBASTIAN FL 32958

2. Principal Place of Business

9875 US Hwy #1
Suite, Apt. #, etc.

3. Mailing Address

494 EASY ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Sebastian

City & State
Sebastian

4. FEI Number **65-1013060**

Applied For
Not Applicable

Zip
32958

Country

Indian Rv

Zip
32958

Country

Indian Rv

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCORMICK, WILLIAM J IV
11113 AIRPORT DRIVE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

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

494 EASY ST

City

Sebastian

FL

Zip Code

32958

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

(NOTE: Registered Agent signature required when reinstating)

4-27-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCCORMICK, WILLIAM J IV**
STREET ADDRESS **11113 AIRPORT DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **P/D** ☒ Change ☐ Addition
NAME **McGormick**
STREET ADDRESS **494 EASY ST**
CITY-ST-ZIP **Sebastian FL 32958**

TITLE **D** ☐ Delete
NAME **STATES, LINDA S**
STREET ADDRESS **11113 AIRPORT DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **STATES** ☒ Change ☐ Addition
NAME **STATES**
STREET ADDRESS **494 EASY ST**
CITY-ST-ZIP **Sebastian FL 32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4-27-03 **72089-8553**
Date Daytime Phone #

CR2E034 (10/02)