

# , 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90048 016 \*\*\*150.00

**DOCUMENT # P00000079003**

1. Entity Name

**CUSTOM LAWN & LANDSCAPES/CUSTOM POOLS & SPAS, IN**

Principal Place of Business

1504 OHIO AVE.  
PALM HARBOR FL 34683

Mailing Address

1504 OHIO AVE.  
PALM HARBOR FL 34683

2. Principal Place of Business

265 A11 19

Suite, Apt. #, etc.

3. Mailing Address

265 A11 19

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

palM harbor 71

City & State

palM harbor 71

4. FEI Number

59-366793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEENO, VINCENT  
1504 OHIO AVE.  
PALM HARBOR FL 34683

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 Vincent Seeno

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

*Vincent Seeno*

(NOTE: Registered Agent signature required when reinstating)

5/26/01

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	<input type="checkbox"/> Delete
NAME	SEENO, VINCENT	
STREET ADDRESS	1504 OHIO AVE. 265 A11 19	
CITY-ST-ZIP	PALM HARBOR FL 34683 - PALM harbor 71	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34688	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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: Vincent Seeno *Vincent Seeno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/01

Date

Daytime Phone #

CP2E034 (10/00)