

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111578

1. Entity Name

LOVE-LIGHT LANDSCAPE, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90053 009 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 741914
BOYNTON BCH FL 33474-1914

P. O. BOX 741914
BOYNTON BCH FL 33474-1914

2. Principal Place of Business

9221 Renoir Ct.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 741914
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL

Zip
33437

Country

City & State

Boynton Beach FL

Zip
33474

Country
U.S.

4. FEI Number

65-1060775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESNEKOFF, JAY L
9221 RENOIR CT.
BOYNTON BCH FL 33437

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MESNEKOFF, JAY L
9221 RENOIR CT.
BOYNTON BCH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay L. Mesnekoff

Date

4-9-01

Daytime Phone #

561-945-8180

CR2E034 (10/00)

0013963