

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 024 ***150.00

DOCUMENT #

P01000002191

1. Entity Name

PALMETTO LANDSCAPING OF NW FL INC

Principal Place of Business

41 EAST CASA LOMA DRIVE

Mailing Address

41 EAST CASA LOMA DRIVE

MARY ESTHER, FL

32569

MARY ESTHER, FL

32569

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

59-3704136

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75

Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JASON E. KUHN
 41 EAST CASA LOMA DRIVE
 MARY ESTHER, FL 32569

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 \$160.00
After MAY 1, 2002 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	P/S/T/D	<input type="checkbox"/> Delete
NAME	JASON E. KUHN	
STREET ADDRESS	41 EAST CASA LOMA DRIVE	
CITY - ST - ZIP	MARY ESTHER, FL 32569	
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	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JASON E. KUHN		
STREET ADDRESS	41 EAST CASA LOMA DRIVE		
CITY - ST - ZIP	MARY ESTHER, FL 32569		
TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUSTY D KUHN		
STREET ADDRESS	41 EAST CASA LOMA DRIVE		
CITY - ST - ZIP	MARY ESTHER, FL 32569		
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			
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:

JASON E. KUHN

Date

850-581-9887

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)