

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90134 010 \*\*\*550.00

**DOCUMENT # P01000015751**

1. Entity Name

**HORTICO LANDSCAPE SERVICES, INC.**

Principal Place of Business

**1841 DANCY STREET APT NO.1  
 JACKSONVILLE FL 32205**

Mailing Address

**1841 DANCY STREET APT NO.1  
 JACKSONVILLE FL 32205**

2. Principal Place of Business

**1841 DANCY STREET**

Suite, Apt. #, etc.

3. Mailing Address

**1841 DANCY ST**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32205**

Country

**FLORIDA**

Zip

**32205**

Country

**FLORIDA**

4. FEI Number

**59-3722253**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NIEMEYER, MICHAEL G**

**1841 DANCY STREET APT NO.1**

**JACKSONVILLE FL 32205**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PD  
 NIEMEYER, MICHAEL G  
 1841 DANCY STREET APT NO.1  
 JACKSONVILLE FL 32205**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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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

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 NAME  
 STREET ADDRESS  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL GRANT NIEMEYER**  
**PRESIDENT**

Date

Daytime Phone #

CR2E034 (4/02)



*Attachment*

*42991*

FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State

August 7, 2002

HORTICO LANDSCAPE SERVICES, INC.  
1841 DANCY STREET  
1  
JACKSONVILLE, FL 32205

Subject: **HORTICO LANDSCAPE SERVICES, INC.**

Reference Number: **P01000015751**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN  
ANNUAL REPORTS SECTION

*note: The highlighted area - with the stamp over it is the signature of the President.  
(It doesn't look like much, but it is the signature.)*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314