

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90103 010 ***158.75

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DOCUMENT # P01000039932

1. Entity Name

JUST IN TIME LANDSCAPING, INC.

Principal Place of Business

P.O. BOX 608905
 ORLANDO FL 32860

Mailing Address

P.O. BOX 608905
 ORLANDO FL 32860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO Box 520210

Suite, Apt. #, etc.

PO Box 520210

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32752-0210

Country

USA

Zip

32752-0210

Country

USA

4. FFL Number

59-3711910

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARBER, JUSTIN

5282 N ORANGE BLOSSOM TRAIL BLD 11 APT 301
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Garber, Justin

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

879 Elgin Drive

City

Winter Springs

FL

Zip Code

32708

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/02

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, 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	DPVT	<input type="checkbox"/> Delete
NAME	GARBER, JUSTIN	
STREET ADDRESS	P.O. BOX 608905	
CITY-ST-ZIP	ORLANDO FL 32860	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARBER, JUSTIN	
STREET ADDRESS	P.O. BOX 608905	
CITY-ST-ZIP	ORLANDO FL 32860	
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	DPVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, JUSTIN	
STREET ADDRESS	PO BOX 520210	
CITY-ST-ZIP	Longwood, FL 32752-0210	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, CHARISTINE L.	
STREET ADDRESS	PO BOX 520210	
CITY-ST-ZIP	Longwood, FL 32752-0210	
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 another like empowered.

SIGNATURE:

Justin Garber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002
 Date

(407) 695-4705
 Daytime Phone #

CR2E034 (9/01)