

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 035 ***150.00

DOCUMENT # **P01000104566**
1. Entity Name
Jeromy's Accurate Landscaping Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19095 Homewood Ave
Suite, Apt. #, etc.

3. Mailing Address
19095 Homewood Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Teguesta FL
Zip
33469 Country
USA

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4. FEI Number
65-1148071
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Michelle McDowell**
Street Address (P.O. Box Number is Not Acceptable)
19095 Homewood Ave
City **Teguesta** FL Zip Code **33469**

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

4/9/02
DATE

(NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**
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	President Jeromy Gload 19095 Homewood Ave Teguesta FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Michelle McDowell 19095 Homewood Ave Teguesta FL 33469
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IN THIS SPACE**

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 on an attachment with an address with an other like empowered.

SIGNATURE:

Jeromy Gload
Signature, typed or printed name of signing officer or director

Jeromy Gload

4/9/02

561-252-1721

Date

Daytime Phone #

CR2E034B (12/01)