

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90129 035 ***150.00

DOCUMENT # P01000104566

1. Entity Name
JEROMY'S ACCURATE LANDSCAPING INC.



Principal Place of Business
19095 HOMEWARD AVE
TEQUESTA FL 33469

Mailing Address
19095 HOMEWARD AVE
TEQUESTA FL 33469

2. Principal Place of Business

19095 SE HOMEWOOD AVE

Suite, Apt. #, etc.

3. Mailing Address

19095 SE HOMEWOOD AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TEQUESTA FL

City & State
TEQUESTA FL

4. FEI Number **65-1148071**

Applied For
Not Applicable

Zip
33469

Country
USA

Zip
33469

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCDOWELL, MICHELLE
19095 HOMEWARD AVE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name **MICHELLE MCDOWELL**

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

19095 SE HOMEWOOD AVE

City **TEQUESTA** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GLOAD, JEROMY**
STREET ADDRESS **19095 HOMEWARD AVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **ST** ☐ Delete
NAME **MCDOWELL, MICHELLE**
STREET ADDRESS **19095 HOMEWARD AVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GLOAD, JEROMY**
STREET ADDRESS **19095 SE HOMEWOOD AVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **ST** ☒ Change ☐ Addition
NAME **MCDOWELL, MICHELLE**
STREET ADDRESS **19095 SE HOMEWOOD AVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

03-04-03

561-252-1721

CR2E034 (10/02)