

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

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90001 046 ***150.00

DOCUMENT # P04 0006994

1. Entity Name

four SEASONS Landscaping
And more, INC.



DO NOT WRITE IN THIS SPACE

40000003

2. Principal Place of Business

13733 CORAL DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

30-0294817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeffie R. TRIMNAL

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

13733 CORAL DR.

City

JACKSONVILLE

FL

Zip Code

32224

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)

DATE

6-1-05

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE President
NAME Jeffie R. Trimnal
STREET ADDRESS P.O. Box 14083
CITY-ST-ZIP JACKSONVILLE, FL 32245

TITLE Secretary/Treasurer
NAME Michelle TRIMNAL
STREET ADDRESS P.O. Box 14083
CITY-ST-ZIP JACKSONVILLE, FL 32245

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IN THIS SPACE**

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

SIGNATURE

[Signature]

Jeffie R. TRIMNAL

6-1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034B (12/02)

ATTACHMENT
40088805
#P04000165994

6/17/05

I called to get the
Amount owed from your
business. (\$150.⁰⁰)

I did not receive notice
of this bill before.

We just became Incorporated.

I will be expecting this
next year.

Thank you,
very much,

Michelle
Jurnal
904-821-8885