

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31857

1. Entity Name

DANNY POWELL LANDSCAPE ARCHITECTURE, LTD. INCORP

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90143 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
644 ANTONE STR NW STE 1 ATLANTA GA 30318 US	644 ANTONE STR NW STE 1 ATLANTA GA 30318-7666 US

2. Principal Place of Business 1452 CARROLL DR	3. Mailing Address 1452 CARROLL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ATLANTA GA	City & State ATLANTA GA	4. FEI Number 58-1822661	Applied For <input type="checkbox"/> Not Applicable
Zip 30318	Country Fulton	Zip 30318	Country Fulton

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, WILL 4182 SAXON DRIVE NEW SMYRNA BEACH FL 32069	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT POWELL, DANNY L. 66 PEACHTREE HILLS AVE ATLANTA GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, NANCY 66 PEACHTREE HILLS DR ATLANTA GA 30305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nancy Powell** **4/24/00** **352-2240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)