

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90038 037 ***150.00

DOCUMENT # P92000007211

1. Entity Name

FLORIDA LANDSCAPING SERVICES INC

615864



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

132 ALAMEDA DR
FL 34743

132 ALAMEDA DR
KISSIMMEE FL 34743-7000

2. Principal Place of Business

1830 BOGGY CREEK RD.

3. Mailing Address

Suite, Apt. #, etc.

KISSIMMEE FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3153385

Applied For

Not Applicable

Zip

34744

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, ANTONIO
132 ALAMEDA DR
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name

ANTONIO FIGUEROA

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

1830 BOGGY CREEK RD

City

KISSIMMEE, FL

FL

Zip Code

34744

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

Antonio Figueroa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, ANTONIO	
STREET ADDRESS	132 ALAMEDA DR	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FIGUEROA, LILLIAN	
STREET ADDRESS	132 ALAMEDA DR.	
CITY-ST-ZIP	KISSIMMEE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIAN FIGUEROA	
STREET ADDRESS	1830 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO FIGUEROA	
STREET ADDRESS	1830 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input checked="" 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		
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 all other like empowered.

SIGNATURE:

Lillian Figueroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00

CR2E034 (9/99)