2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90113 017 ***150.00

DOCUMENT # P93000032466

1. Entity Name
ANDERSON LANDSCAPE MAINTENANCE OF HOBE SOUND, IN

Principal Place of Business	Mailing Address
8775 DOTTIE WAY HOBE SOUND FL 33455 US	P.O. BOX 1308 HOBE SOUND FL 33475-1308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5703 SE Orange Blossom Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, Florida	City & State:
Zip: 33455 — Country: USA	Zip: — Country:

4. FEI Number 65-0412028 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, DAVID P
5703 SE ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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 [signature] David P. Anderson, President 4-30-00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DAVID P	NAME	
STREET ADDRESS	5703 SE ORANGE BLOSSOM TRAIL	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDERSON, HEATHER	NAME	
STREET ADDRESS	5703 SE ORANGE BLOSSOM TR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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 Heather Anderson, Heather Anderson 4-30-00 561-546-8608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #