

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90013 026 \*\*\*150.00

**DOCUMENT # P93000050298**

1. Entity Name

**RINGSMUTH LANDSCAPING, INC.**

Principal Place of Business <b>5482 HARBOUR CASTLE DR FT MEYERS FL 33907 US</b>	Mailing Address <b>5482 HARBOUR CASTLE DR FT MEYERS FL 33907-7846 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>65-0421436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**AC033775**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RINGSMUTH, JOHN MICHAEL S  
5482 HARBOUR CASTLE DR  
FT. MYERS FL 33907**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>RINGSMUTH, JOHN MICHAEL S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RINGSMUTH, JOHN MICHAEL S</b>		NAME	
STREET ADDRESS <b>5482 HARBOUR CASTLE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL 33907</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RINGSMUTH, ERIC</b>		NAME	
STREET ADDRESS <b>2413 IVY AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FT MYERS FL 33407</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-20-00**

**941-281-9535**

CR2E034 (9/99)