

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001195

1. Entity Name

U-C LANDSCAPING INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90313 024 ***150.00

Principal Place of Business

~~12201 NW 35TH ST.~~
CORAL SPRINGS FL 33065

Mailing Address

1535 NW 100 DR
CORAL SPGS FL 33071
US

2. Principal Place of Business

1535 NW 100 Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

FL

Zip

33071

Country

FLORIDA

Zip

33071

Country

US

4. FEI Number

65-0459868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, LAURENCE H
1535 NW 100 DR
CORAL SPRINGS FL 33071

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, 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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS MURRAY, LAURENCE H
CITY-ST-ZIP ~~12201 NW 35TH ST.~~
CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME MURRAY LAURENCE H
STREET ADDRESS 1535 NW 100 Dr.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/01 (954) 753-0226
Date Daytime Phone #

0136860

CR2E034 (10/00)