## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P9400002346 1. Entity Name L. CASS BEALL LANDSCAPE MAINTENANCE, INC. 01-22-2001 90114 023 \*\*\*150.00 Principal Place of Business Mailing Address 12903 IONA RD P.O. BOX 153 FT MYERS FL 33908 SANIBEL FL 33957 1956945 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0460988 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEALL, L. CASS Street Address (P.O. Box Number is Not Acceptable) 12903 IONA RD FT MYERS FL 33908 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP CR2E034 (10/00) TITLE TITLE ☐ Change Addition Delete BEALL, L. CASS NAME NAME **12903 IONAA RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP SV ☐ Addition TITLE Delete TITLE ☐ Change **BEALL, MARY JANE** NAME 12903 IONA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 Delete TITLE \_\_\_ - Change Addition ≟TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

VICE PRESIDENT VICE prasident SIGNATURE: