

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012491

1. Entity Name

INDIAN RIVER LANDSCAPING, INC.

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

01-30-2001 90212 042 ***150.00

Principal Place of Business

1438 PALM PLACE NE
PALM BAY FL 32905
US

Mailing Address

P O BOX 644
MELBOURNE FL 32902
US

2. Principal Place of Business

4840 Hwy US1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
GRANT, FL.

City & State

City & State

4. FEI Number **59-3237658**

Applied For

Not Applicable

Zip

32949

Country

BREVARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBRIGHT, JAMES C. JR.
58 SE IRWIN AVE
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

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

4840 Hwy US1

City

GRANT

FL

Zip Code

32949

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

1/23/01

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 DPVT ☐ Delete
NAME ALBRIGHT, JR. JAMES C.
STREET ADDRESS POST OFFICE BOX 644 N/A
CITY-ST-ZIP MELBOURNE FL 32902-0644

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

James Clifton Allright Jr. President 1/23/01 (321) 723-8808

CR2F034 (10/00)