

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024189

1. Entity Name

EARTHSCAPE LAWN CARE INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90079 015 ***150.00

Principal Place of Business

Mailing Address

453 BENTLEY STREET
OVIEDO FL 32765

P.O. BOX 720674
ORLANDO FL 32872-0674

2. Principal Place of Business

453 Bentley Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3237820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, GREGORY L
7809 CITRUS ISLAND WAY
ORLANDO FL 32822

Name

Owens, Gregory L.

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

453 Bentley Street

City

Oviedo

FL

Zip Code

32765

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

Gregory L Owens Gregory L Owens

2/16/00

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
NAME OWENS, GREGORY L
STREET ADDRESS 453 BENTLEY STREET
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

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

TITLE S
NAME OWENS, SUSAN C
STREET ADDRESS P.O. BOX 720674
CITY-ST-ZIP ORLANDO FL 32872 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gregory L Owens Gregory L Owens

2/16/00

407 366 2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)