

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061889

1. Entity Name

LAKE HAMILTON LANDSCAPE NURSERY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90071 029 ***150.00

Principal Place of Business

Mailing Address

231 US HWY 27 S
 LAKE HAMILTON FL 33851

PO BOX 24
 LAKE HAMILTON FL 33851-0024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3262987

Applied For

Not Applicable

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

BLACK, MIKE
 231 US HWY 27 S
 LAKE HAMILTON FL 33851

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, 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	D	<input type="checkbox"/> Delete
NAME	BLACK, MIKE	
STREET ADDRESS	231 US HWY 27 S	
CITY-ST-ZIP	LAKE HAMILTON FL 33851	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, MELANIE	
STREET ADDRESS	231 US HWY 27 S	
CITY-ST-ZIP	LAKE HAMILTON FL 33851	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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:

Melanie Black / Melanie Black
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

Daytime Phone #

963-439-3193