

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90096 046 ***150.00

DOCUMENT # P94000065617

1. Entity Name
LABELLE LANDSCAPING & SOD, INC.

Principal Place of Business
905 INDUSTRIAL BOULEVARD
LABELLE FL 33935

Mailing Address
905 INDUSTRIAL BOULEVARD
LABELLE FL 33935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0519440**

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

COOPER, EVELYN
2585 HOWARD ROAD
LABELLE FL 33935

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **COOPER, EVELYN**
STREET ADDRESS **2585 HOWARD ROAD**
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Evelyn Cooper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

Date

863-625-2140

Daytime Phone #

CR2E034 (4/02)

Attachment 871754
LABELLE LANDSCAPING & SOD, INC
905 INDUSTRIAL BLVD
LABELLE, FL 33935 # *194000065617*

Phone: 863-675-2140 Fax: 863-675-4077

September 9, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

I am writing this letter to request that our late fee be waived. Our check for \$150.00 is enclosed. We did not receive the prior notice and after receiving this notice, debated about whether to continue since it was so much money. We have a problem with the mail service in this area and if the mail is put in the wrong box, sometimes it is not dropped back into the mail. I really don't know why we did not receive the first notice but if you can waiver this for us at this time, we will certainly appreciate it.

Sincerely,

LABELLE LANDSCAPING & SOD, INC

Evelyn Cooper
Evelyn Cooper, President