2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90361 028 ***150.00

DOCUMENT # P94000072024

1. Entity Name

LOCAL COLOR LANDSCAPING, INC.

Principal Place of Business	Mailing Address
316 W PINE AVE ST. GEORGE ISLAND FL 32328 US	P.O. BOX 1019 EASTPOINT FL 32328-1019 US

U00016323

DO NOT WRITE IN THIS SPACE

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 59-3273372 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUD, JEAN ANN
316 W PINE AVE
ST. GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

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

	11. Officers and Directors		12. Additions/Changes to Officers and Directors in 11	
TITLE	P	☐ Delete		☐ Change ☐
NAME	CLOUD, JEAN ANN			
STREET ADDRESS	316 W PINE AVE			
CITY-ST-ZIP	ST. GEORGE ISLAND FL			
TITLE	VP	☐ Delete		☐ Change ☐
NAME	CLOUD, WILTON CARY			
STREET ADDRESS	316 W PINE AVE			
CITY-ST-ZIP	ST. GEORGE ISLAND FL			
TITLE		☐ Delete		☐ Change ☐
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐
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: JEAN ANN CLOUD 2/2/00 850-927-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #