2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072024

LOCAL COLOR LANDSCAPING, INC.

FILED Feb 09, 2000 8:00 am Secretary of State

of Business										
Principal Place of Business Mailing A				_						
AND FL 32328	P.O. BOX 1019 EASTPOINT FL 32328-1019 US									
Principal Place of Business 3. Mailing Address			······································							
etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT	WRITE IN	I THIS SPA	CE	
	City & State			4. FI	El Number	59-327	3372			plied For
Country	Zip Country			5. C	ertificate of	Status Desi	red [. 75 Add	litional
l 6. Name and Address of Current	Registered Agent			7. N	ame and A	ddress of N	ew Regis	tered Age	nt	
•	•	'	Name							
CLOUD, JEAN ANN 316 W PINE AVE ST. GEORGE ISLAND EL 32328			Street Address (P.O. Box Number is Not Acceptable)							
CONGE ISLAND PE 32320		(City			<u></u>		FL	Zip Code	э
amed entity submits this statement for	or the purpose of changing its	s registered	office or regist	tered age	ent, or both,	in the State	of Florida			
gnature, typed or printed name of registered agent	and title if applicable. (NOT	TE Registered Ag	gent signature requi	red when rei	nstating)			DATE		
ation is eligible to satisfy its Intangible quirement and elects to do so. on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St						•	ing	\$5.0 Added	0 May Be I to Fees
OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/C	HANGES TO	OFFICER	RS AND DI	RECTORS	3 IN 11
P Cloud, Jean ann 316 w Pine ave St. George Island Fl	Delete		I] Change	C
VP CLOUD, WILTON CARY 316 W PINE AVE	☐ Delete								Change	□ •·····
	□ Delate				<u> </u>	 	· · · · · · · ·		<u>Change</u>	
	☐ Delete							<u></u>	Change	
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	☐ Delete	TITLE NAME STREET	ADDRESS					Ē) Change	□
	Country 6. Name and Address of Current 7. JEAN ANN PINE AVE CORGE ISLAND FL 32328 amed entity submits this statement for a statement for a statement and elects to do so. On back) OFFICERS AND P CLOUD, JEAN ANN 316 W PINE AVE ST. GEORGE ISLAND FL VP CLOUD, WILTON CARY 316 W PINE AVE ST. GEORGE ISLAND FL Cliffy that the information supplied with the programment and supplie	etc. Suite, Apt. #, etc. City & State Zip 6. Name and Address of Current Registered Agent. O, JEAN ANN PINE AVE CORGE ISLAND FL 32328 amed entity submits this statement for the purpose of changing it gnature, typed or printed name of registered agent and title if applicable. (NC After MAY 1, 2 Make Check Paye OFFICERS AND DIRECTORS P CLOUD, JEAN ANN 316 W PINE AVE ST. GEORGE ISLAND FL VP CLOUD, WILTON CARY 316 W PINE AVE ST. GEORGE ISLAND FL Delete Delete Delete	etc. Suite, Apt. #, etc. City & State Zip Country Suite, Apt. #, etc. City & State Zip Country Suite, Apt. #, etc. City & State Zip Country Support C	and and address of Current Registered Agent. Country Zip Country Zip Country Ame Street Address City Ame City Ame City City Ame City City City City Ame City Ci	ce of Business 3. Mairing Address etc. Suite, Apt. #, etc. City & State Country Zip Country Jip Country Size Address (P.O. Both Name Street Address (P.O. Both Name City City	De of Business atic. Suite, Apt. #, etc. City & State Country Jip Country 5. Certificate of 7. Name and Address of Current Registered Agent. 7. Name and A Name Street Address (P.O. Box Number i Name Street Address (P.O. Box Number i Norte Registered agent, or both, PINE AVE City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, produce, typed or priced name of registered agent and tele if applicable ONTE Registered Agent separative required when reinstoling) Ition is eligible to satisfy its Intrangible Interest Address (P.O. Box Number i ONTE Registered Agent separative required when reinstoling) Ition is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS P CLOUD, JEAN ANN 316 W PINE AVE STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITIL	etc. Suite, Apt. #, etc. Country Country Let Address of Name and Address of Current Registered Agent. Name A FEI Number 59-327. S. Certificate of Status Desired. Name Name Name Street Address (P.O. Box Number is Not Acceptions and Address of Name O, JEAN ANN PINE AVE City Street Address (P.O. Box Number is Not Acception and Address of Name and Name and Address of Name	Be of Business 3. Meiling Address etc. Suite, Apt. #, etc. City & State Country Jip. J	accord Business atc. Suite, Apt. #, etc. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	armed entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. City & State Country Size Country Street Address (P.O. Box Number is Not Acceptable)

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR