

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006015 (8)

1. Entity Name
LUXURIOUS LAWNS & GARDENS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90081 001 ***150.00

Principal Place of Business Mailing Address
7154 UNIVERSITY DR.
SUITE #125
TAMARAC, FL. 33321

2. Principal Place of Business 3. Mailing Address
7154 UNIVERSITY DR. 7154 UNIVERSITY DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #125 SUITE #125

City & State City & State
TAMARAC, FL TAMARAC, FL.
Zip Country Zip Country
33321 FL 33321 USA

4. FEI Number Applied For
65-0549257 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
Name Daniel L. Dammyer CPA
Street Address (P.O. Box Number is Not Acceptable) 5975 W Sunrise Blvd #216
City Sunrise FL Zip Code 33313

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] 4-11-00
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		
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BEDELL, ROSEMARIE	
STREET ADDRESS	7154 N UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	BEDELL, ALAN	
STREET ADDRESS	7154 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Rosemarie Bedell ROSEMARIE BEDELL 4-11-00 954-749-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)