2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000008520** Jun 05, 2000 8:00 am **Secretary of State** DULANY LANDSCAPING SERVICES, INC. 06-05-2000 90047 042 ***150.00 Principal Place of Business Mailing Address 1111 NORTH OCEAN BOULEVARD 1111 NORTH OCEAN BOULEVARD BOCA RATON FL 33432-3025 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0548757 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name DULANY, PHILIP A JR. Street Address (P.O. Box Number is Not Acceptable) 1111 NORTH OCEAN BOULEVARD **BOCA RATON FL 33432** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing --- FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550:00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. PTD TITLE Change ☐ Addition Delete TITLE DULANY, PHILIP A JR. NAME NAME 212 N.W. 12th AVE. STREET ADDRESS STREET ADDRESS 1281 SPANISH RIVER ROAD CITY-ST-ZIP BICA RATON, FL 33486 CITY-ST-7IP **BOCA RATON FL 33432** Change ☐ Addition VPSD ☐ Delete TITLE TITLE DULANY, MARIA S NAME 212 N.W. 12th AVE. 1281 SPANISH RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IB BOCA RATON, FL 33486 CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change Addition ☐ Delete TITLE TITLE МАМГ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 attachizer with an address, with all other like empowered.

HLIP A. DULANY, JR 5-24-00 561395-3727