2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

DOCUMENT # P95000011373 May 17, 2000 8:00 am Secretary of State 1. Entity Name CARIBBEAN LAWN & GARDEN, INC. 05-17-2000 90986 007 ***158.75 Principal Place of Business Mailing Address 3801 21 ST AVENUE S.W. 3801 21ST AVENUE S.W. NAPLES FL 34117-6623 NAPLES FL 34117 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0534914 Not Applicable \$8.75 Additional Zip Country 7ip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATHURIN, TODD S 3801 21ST AVENUE S.W. NAPLES FL 2004 3417 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition □ Delete TITLE TITLE PEREZ, JULIO E JR. NAME STREET ADDRESS 3801 21ST AVENUE S.W. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE PEREZ, LORI L NAME NAME 3801 21ST AVENUE S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117 CITY-ST-ZIP ☐ Addition TITLE TITLE □ Delete 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIP 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