

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036012

1. Entity Name

HBS LANDSCAPE AND IRRIGATION, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90002 030 ***150.00

Principal Place of Business

1013 CELEBRANT DR
JACKSONVILLE FL 32225

Mailing Address

1013 CELEBRANT DR
JACKSONVILLE FL 32225-3074

8 3 4 8 3 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

4. FEI Number

59-3313707

Applied For

Not Applicable

Zip

Country

Zip

Country

32241

USA

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

STRICKLAND, HORACE B
1013 CELEBRANT DR
JACKSONVILLE FL 32225

Name Meredith A. Hernandez

Street Address (P.O. Box Number is Not Acceptable)

3617 Crown Point Rd.

Suite #1

City Jacksonville

FL

Zip Code 32257

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

(NOT a Registered Agent signature required when reinstating)

DATE

M.A. Hernandez

3/31/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME STRICKLAND, HORACE B
STREET ADDRESS 1013 CELEBRANT DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVPT
NAME KATHY STRICKLAND
STREET ADDRESS 1013 CELEBRANT DR
CITY-ST-ZIP JACKSONVILLE FL

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H.B. Strickland 4-29-00 904-288-8999

CR2E034 (9/99)