

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90228 017 ***150.00

DOCUMENT # P95000064089

1. Entity Name

HANLEY LANDSCAPE MAINTENANCE, INC.

Principal Place of Business

**15705 99TH ST NORTH
WEST PALM BEACH FL 33412**

Mailing Address

**15705 99TH ST NORTH
WEST PALM BEACH FL 33412**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19381 S.R. 31

Suite, Apt. #, etc.

3. Mailing Address

19381 S.R. 31

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL.

City & State

**19381 S.R. 31 N. FT. MYERS
FL.**

FEI Number

65-0605625

Applied For

Not Applicable

Zip

Country

33917

Zip

Country

339175. 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

MEROLA, JAMES R**11380 PROSPERITY FARMS ROAD****SUITE 204****PALM BEACH GARDENS FL 33410**

Name

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

City

FL

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

Don Shain

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	HANLEY, MICHAEL W	
STREET ADDRESS	3274 "D" ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAIN, DON	
STREET ADDRESS	3274 "D" ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Don Shain **DON SHAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-2001 731-9950

Daytime Phone #

CR2E034 (10/00)