

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080214**

1. Entity Name

LIVING COLOR LANDSCAPING, INC.

Principal Place of Business

**3691 GRIFFIN ROAD
FT. LAUDERDALE FL 33312**

Mailing Address

**3691 GRIFFIN ROAD
FT. LAUDERDALE FL 33312-5442**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0629208

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUSMAN, HARRY M
235 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	HERNDON, MARK B	
STREET ADDRESS	3691 GRIFFIN RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HERNDON, KIM L	
STREET ADDRESS	3691 GRIFFIN RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERNDON, MARIA	
STREET ADDRESS	3691 GRIFFIN RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Herndon	
STREET ADDRESS	4903 SW 51st Street	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Hamilton	
STREET ADDRESS	200 SW 117 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90054 002 ***150.00

815299

DO NOT WRITE IN THIS SPACE

2000 UBR 1/10/00