

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001472

1. Entity Name

DOBLER LANDSCAPE SERVICES, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90033 030 ***150.00

Principal Place of Business

1630 HERCULES AVENUE
UNITS H & I
CLEARWATER FL 34625

Mailing Address

P.O. BOX 961
SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33765

Zip

Country

4. FEI Number 59-3354150

Applied For

Not Applicable

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

TILLOTSON, DANIEL E
1630 HERCULES AVENUE
UNITS H & I
CLEARWATER FL 34625

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, 2001 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 S
NAME DOBLER, LAURIE T
STREET ADDRESS 101 LOTUS CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME OGLE, JULIE T
STREET ADDRESS 3441 FOX HUNT DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP
NAME TILLOTSON, VIRGINIA
STREET ADDRESS 1635 SAAND KEY ESTATES CRT
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME SAND KEY ESTATES CRT
STREET ADDRESS (Correction of typo)
CITY-ST-ZIP

TITLE CP
NAME TILLOTSON, DANIEL E
STREET ADDRESS 1635 SAND KEY ESTATES CRT
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Julie T. Ogle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie T. Ogle, Treasurer 1-8-01

Date

Daytime Phone #

727-441-1899

CR2E034 (10/00)