

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046805

1. Entity Name

B & J LAWN AND LANDSCAPING, INC.

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

05-07-2000 90024 045 ***150.00

Principal Place of Business

916 NW 4TH ST
BELLE GLADE FL 33430
US

Mailing Address

POB 1936
BELLE GLADE FL 33430-6936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0679919

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

~~RHODES, JANET G.~~
~~915 NW 4TH STREET~~
~~BELLE GLADE FL 33430~~

Eugene B. Rhodes
916 N.W. 4th Street
Belle Glade, FL 33430

Name

Eugene B. Rhodes

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

916 N.W. 4th Street

City

Belle Glade, FL 33430

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 Eugene B. Rhodes
Signature, typed or printed name of registered agent and title if applicable.

EUGENE B. Rhodes

4-24-00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, EUGENE B.	
STREET ADDRESS	915 NW 4TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODES, JANET G.	
STREET ADDRESS	915 NW 4TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	Terry Higgins	
STREET ADDRESS	915 N.W. 4th Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
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		
TITLE		<input type="checkbox"/> Delete
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		
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:

Eugene B. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE B. Rhodes

Date

Daytime Phone #

561-996-7563
4-24-00

CR21 014 (3/9/01)