

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049567

1. Entity Name

PERMA TERA LANDSCAPING, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90966 045 \*\*\*150.00

Principal Place of Business

Mailing Address

5129 SUNDERLAND RD  
JACKSONVILLE FL 32210

5129 SUNDERLAND RD  
JACKSONVILLE FL 32210

2. Principal Place of Business

4235 Woodmere St

Suite, Apt. #, etc.

3. Mailing Address

4235 Woodmere St

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax FL

4. FEI Number

59-3381566

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

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

CRONIN, JOHN V  
5129 SUNDERLAND RD  
JACKSONVILLE FL 32210

Name

John V Cronin

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

4235 Woodmere St

City

Jax

FL

Zip Code

32210

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

John V. Cronin

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CRONIN, JOHN W  
CITY-ST-ZIP 3843 RIVERSIDE AVE  
JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS John V. Cronin  
CITY-ST-ZIP 4235 Woodmere St  
Jax FL 32210

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CRUGNOLIN, MICHAEL  
CITY-ST-ZIP 2358 HERSCHEL ST. #1  
JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Michael Cragnolin  
CITY-ST-ZIP 4235 Woodmere St  
Jax FL 32210

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TINDALL, BARBARA  
CITY-ST-ZIP 201 W LINCOLN CT  
KENNETT MO 63857

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS Barbara Tindall  
CITY-ST-ZIP 425 Warren St NW  
Christiansburg VA 24073

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)