

**AMENDED**  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P96000049567  
**1. Entity Name**  
 PERMA TERRA LANDSCAPING INC

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 01 OCT 16 PM 2:49

**Principal Place of Business**  
 4235 WOODMERE ST  
 JACKSONVILLE, FL  
 32210

**2. Principal Place of Business**  
 JACKSONVILLE  
**3. Mailing Address**  
 4235 WOODMERE ST  
 Suite, Apt. #, etc.

**City & State**  
 JACKSONVILLE FL  
**City & State**  
 JACKSONVILLE FL  
**Zip**  
 32210  
**Country**  
 USA

**4. FEI Number**  
 59-338-1566  
**Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 JOHN CRONIN  
 4235 WOODMERE ST.  
 JACKSONVILLE FL  
 32210

**7. Name and Address of New Registered Agent**  
**Name**  
 BARBARA TINDALL  
**Street Address (P.O. Box Number is Not Acceptable)**  
 4249 ROBIN HOOD RD  
**City**  
 JACKSONVILLE 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** *[Signature]* **DATE** 10/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> DIRECTOR	<input type="checkbox"/> Delete
<b>NAME</b> JOHN CRONIN	
<b>STREET ADDRESS</b> 3843 RIVERSIDE	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> DIRECTOR	<input type="checkbox"/> Delete
<b>NAME</b> BARBARA TINDALL	
<b>STREET ADDRESS</b> 201 W LINCOLN CR.	
<b>CITY-ST-ZIP</b> KENNETT MO 63857	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARBARA TINDALL	
<b>STREET ADDRESS</b> 4249 ROBIN HOOD RD	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	
<b>TITLE</b> V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> JOHN CRONIN	
<b>STREET ADDRESS</b> 4235 WOODMERE ST	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]* **DATE** 10/11/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)