

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055328

1. Entity Name

HORTICULTURAL SERVICES OF CENTRAL FLORIDA, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90021 006 ***150.00

Principal Place of Business

Mailing Address

4211 NORTH ORANGE BLOSSOM TRAIL
E-1
ORLANDO FL 32804

4211 NORTH ORANGE BLOSSOM TRAIL
E-1
ORLANDO FL 32804-2738

00040990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392809

Applied For

Not Applicable.

Zip

Country

Zip

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

THOMAS, JOSEPH W II
950 S. WINTER PARK DRIVE
SUITE 112
CASSELBERRY FL 32707

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GIFFIN, DONALD W JR.
4445 FOUNTAINVIEW LANE, #521
ORLANDO FL 32808

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Giffin Donald W, JR
928 Vineridge Run #205
Altamonte Springs FL
32714

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TITLE
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STREET ADDRESS
CITY- ST- ZIP
Altamonte Springs FL
32714

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CITY- ST- ZIP

☐ Change ☐ Addition

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

3/16/2000 (407) 468-0593

Date

Daytime Phone #

CR2E034 (9/99)