

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P96000059673

1. Entity Name

WILLIAMS LANDSCAPE DESIGNS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-13-2000 90042 013 ***150.00

Principal Place of Business

Mailing Address

2664 NW 63 STREET
BOCA RATON FL 33496

2664 NW 63 STREET
BOCA RATON FL 33432-6339

2. Principal Place of Business

3. Mailing Address

700 SOUTH OCEAN BLVD
Suite, Apt. #, etc.
#703

700 SOUTH OCEAN BLVD
Suite, Apt. #, etc.
#703

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip
33432

Country
USA

Zip
33432

Country
USA

4. FEI Number

65-0684411

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

WILLIAMS, LARRY R
2664 NW 63RD ST
BOCA RATON FL 33496

Name

WILLIAMS, LARRY R

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

700 SOUTH OCEAN BLVD

#703

City

Boca Raton

FL

Zip Code

33432

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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	WILLIAMS, LARRY R	
STREET ADDRESS	2664 NW 63 STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LARRY R	
STREET ADDRESS	700 SOUTH OCEAN BLVD. #703	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/2/00

Date

Daytime Phone #