

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084512

1. Entity Name

EAGLE'S EYE-VIEW LAWN CARE AND LANDSCAPING, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90267 019 ***150.00

Principal Place of Business

Mailing Address

8400 BARNSTABLE PL
ORLANDO FL 32827
US

P O BOX 561359
ORLANDO FL 32856-1359
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

59-3442073

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

~~MCGINTY, MARSHALL S. JR.~~
1705 SUNSET TR
GENEVA FL 32732

Name

McGinty, Marshall S. Jr.

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

8400 Barnstable Place

City

Orlando

FL

Zip Code

32827

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 Marshall S. McGinty JR - President

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

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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
PT
MCGINTY, MARSHALL S JR
8400 BARNSTABLE PL
ORLANDO FL 32827 ☐ Delete

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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)