

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101152

1. Entity Name

A.U.C. LANDSCAPE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90106 014 ***150.00

Principal Place of Business
216-B NORTH HARBOR DRIVE
HOLMES BEACH FL 34217

Mailing Address
P O BOX 20116
BRADENTON FL 34204-0116
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4661 72nd Court E.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Bradenton
Zip
FL

City & State
Country
USA
34203

4. FEI Number
65-0714882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ULIANO, PETER L
4661 72ND CT E
BRADENTON FL 34203

7. Name and Address of New Registered Agent
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	ULIANO, PETER L	4001 72ND CT E	BRADENTON FL 34203	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date

Daytime Phone #

4/6/00

941-725-0576