

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90036 025 \*\*\*150.00

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1. Corporation Name

MOTHER NATURES LANDSCAPE MAINTENANCE INC.



Principal Place of Business

825 CENTER STREET  
SUITE 52-B  
JUPITER FL

Mailing Address

825 CENTER STREET  
SUITE 52-B  
JUPITER FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number  
65-0727093

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1108 Kriss Lane

2a. Mailing Address

26 1108 Kriss Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jupiter Florida

City & State

28 Jupiter Florida

Zip Country

24 33458 25 USA

Zip Country

29 33458 30 USA

9. Name and Address of Current Registered Agent

HANSSON, TOM  
825 CENTER STREET  
SUITE 52-B  
JUPITER FL

10. Name and Address of New Registered Agent

81 Name Tom Hansson  
82 Street Address (P.O. Box Number is Not Acceptable)  
1108 Kriss Lane  
83  
84 City Jupiter FL 85 Zip Code 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Hansson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HANSSON, TOM  
STREET ADDRESS 825 CENTER STREET SUITE 52-B  
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME NOBERTO, ROBIN H  
STREET ADDRESS 825 CENTER STREET SUITE 52-B  
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1108 Kriss Lane  
1.4 CITY-ST-ZIP Jupiter Florida 33458

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Robin Hansson  
2.3 STREET ADDRESS 1108 Kriss Lane  
2.4 CITY-ST-ZIP Jupiter, Florida 33458

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Hansson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99  
Date

Daytime Phone #

0351761

CR2F034 (1/1/98)