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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000011914**1. Corporation Name

MOTHER NATURES LANDSCAPE MAINTENANCE INC.

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

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



Principal Place	e of Business	Mailing Address									
825 CENTER ST	TREET	825 CENTER STREET									
SUITE 52-B		SUITE 52-B	**: = := :			DO NOT WRITE IN THIS SPACE					
Jupiter Fl		Jupiter Fl						: IN THIS S	PACE		
						Date Incorporated	or Qualifed				
						02/05/1997					
2. Principal Pl	lace of Business	2a. Mailing Address	11	0.00		El Number				oplied For	
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status	Desired		<b>+</b>	Additional ====	
2		27							Fee Re	equired	
City & State	oiter Florida	City & State	- Fla	rida		Election Campaign	_		•	May Be to Fees	
Zip .	Country	Zip	Cour	ntry		his corporation ov		nt year Intai			
a ろろ45	58 🕫 USA	29 33456	30 (	JSA	F	Personal Property	Tax.		☐ Yes	ĭNo	
	9. Name and Address of Curre	nt Registered Agent			10. I	Name and Addres	s of New Re	gistered A	gent		
				81 Name	Ton	Hann	~~				
HAN	ISSON, TOM		,	20 5: :	בוגי	Hunss		la\			
825	CENTER STREET			82 Street	Address (P.C	D. Box Number is I	No Acceptable	3			
SUIT	NE 52-B		<u> </u>	83	100	_!\!\_					
-	ITER FL										
00			•	84 City -	Tunite		•	FL	85 Zip	5458	
44 Durament	to the provisions of Sections 607.050	02 and 607 1508 Florida Si	tatutes the at	ove-named	corporation	submits this staten	nent for the p	irpose of c	ب السال. hanging its	registered	
office or re	registered agent, or both in the State im familiar with, and accept the obliga-	of Florida. Such change w	as authorized	by the corpo	oration's boa	rd of directors. I h	ereby accept	the appoint	ment as re	egistered	
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Statu	tes.							
SIGNATURE		num						DATE			
	Signature, typed or printed name of registered age	eht and title it applicable. (1	NDIE: Registered	Agent signature r	eauirea when rem			DATE			
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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 of total that my name appears in Block 12 or Block 13 if changes, or on an attachment withy an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #