

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011914

1. Entity Name  
MOTHER NATURES LANDSCAPE MAINTENANCE INC.

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90285 015 \*\*\*150.00

Principal Place of Business  
1108 KRIIS LN  
JUPITER FL 33458

Mailing Address  
80 ORVILLE DRIVE  
STE 100  
BOHEMIA NY 11716

2. Principal Place of Business  
~~717 ASPEN ROAD~~

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
~~WEST PALM BEACH FL~~

City & State

Zip  
33409

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0727093

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

HANSSON, ROBERT  
717 ASPEN ROAD  
WEST PALM BEACH FL 33409

Name  
Robin HANSSON

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

City  
WEST PALM BEACH FL Zip Code  
33409

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 *Robin Hansson*

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, 2001 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	P NOBERTO, ROBIN H 1108 KRISS LN JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBIN HANSSON 717 ASPEN ROAD WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robin Hansson* Robin Hansson Jan 24, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)