

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000D14088

1. Entity Name
Four Seasons Landscaping and Lawn Maintenance Inc.

Principal Place of Business
14735 Yellow Pine Ln.
Clermont, FL 34711

Mailing Address
FOUR SEASONS INC
P.O. BOX 120375
CLERMONT, FL 34712-0375

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

FOUR SEASONS INC
P.O. BOX 120375
CLERMONT, FL 34712-0375

4. FEI Number
25-1784225

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -5 PM 4:45

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jodi B. Jones
14375 Yellow Pine Ln
Clermont, FL 34711

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. ☐ FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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

President
Jodi Jones
14735 Yellow Pine Ln
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Sean Jones
14735 Yellow Pine Ln
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600004712226--6
-12/07/01--01003--022
****150.00 ****150.00

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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: Jodi Begovich-Jones 10-10-01 352-248-2007

CR2E034 (5/01)