

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

142

DOCUMENT

1. Entity Name Envirocare Landscaping Inc.

P97000020151

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900007538159--1

-09/05/02--01029--017

****450.00 ****450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3670 Jackson St

3. Mailing Address
3626 Donna St

City & State
PT. ORANGE, FL
Zip
32129
Country
USA

City & State
PT. ORANGE, FL 32129
Zip
32129
Country
USA

4. FEI Number
59 3442750

Applied For
☒ Not Applicable

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

7. Name and Address of Current Registered Agent

Name John Jackson
Street Address (P.O. Box Number is Not Acceptable)
3626 Donna St.
City PT. ORANGE, FL Zip Code 32129

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 John Jackson President 8-27-02
(Signature of president or principal officer, registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

11. OFFICERS AND DIRECTORS

TITLE President John Jackson
NAME
STREET ADDRESS 3626 Donna St
CITY-ST-ZIP PT. ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE All Positions John Jackson
NAME
STREET ADDRESS VLT/S/O/C/M
CITY-ST-ZIP 3626 Donna St PT. ORANGE, FL 32129

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

John Jackson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-02 (386) 322-8889
Date Daytime Phone #

CR2E034B (12/01)

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To who it may concern:

I recently found out my corp. is inactive I never received my 2000 annual report because you had the wrong address and zip you had 3653 donna st. 32119 but it is 3626 donna st. 32129 and I didn't know they needed to be mailed each year ,I still have been acting like a corp. and filing My 940 & 941 taxes and all other taxes though my accountant, please wave the Penalty charges

Sincerely:

JOHN JACKSON

ENVIROCARE LANDSCAPE INC

