2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Y

FILED DOCUMENT # **P97000027859** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** TONY'S LANDSCAPING, INC. 01-20-2000 90136 031 ***150.00 Principal Place of Business Mailing Address 18 CORAL REEF COURT 18 CORAL REEF COURT PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3457342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLITTO, PHILIP Street Address (P.O. Box Number is Not Acceptable) 18 CORAL REEF COURT PALM COAST FL 32137 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$559.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Change TITLE Delete NAME NAME **BELLITTO, PHILIP** STREET ADDRESS STREET ADDRESS 18 CORAL REEF CT CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 Change Addition ☐ Delete TITLE TITLE NAME **BELLITTO, LILLIAN** NAME STREET ADDRESS STREET ADDRESS 18 CORAL REEF CT CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 Delete Addition A Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.