

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90343 021 ***150.00

DOCUMENT # P97000028350

1. Entity Name
A PLUS LANDSCAPING, INC.

Principal Place of Business Mailing Address
P O BOX 585631 P O BOX 585631
ORLANDO FL 32858 ORLANDO FL 32858

658880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5350 N. Pinehills Rd

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32808 USA

4. FEI Number **59-3439398** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, RODNEY S
4390 W COLONIAL DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name
Rodney S. Johnson

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

5350 N. Pinehills Rd

City
Orlando

FL

Zip Code
32808

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

(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

TITLE
D
NAME
JOHNSON, RODNEY S
STREET ADDRESS
5126 LAKE DEBRA DR APT 734
CITY-ST-ZIP
ORLANDO FL 32835

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
Johnson, Rodney
STREET ADDRESS
5350 N. Pinehills Rd
CITY-ST-ZIP
Orlando, FL 32808

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0463304

CR2E034 (10/00)