

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-11-2002 90124 048 ***150.00

DOCUMENT # P97000028350

1. Entity Name

A PLUS LANDSCAPING, INC.

Principal Place of Business

5350 N PINEHILLS ROAD
ORLANDO FL 32808

Mailing Address

P O BOX 585631
ORLANDO FL 32858

2. Principal Place of Business

5231 S. Conway Rd.
Suite, Apt. #, etc.

3. Mailing Address

5231 S. Conway Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando Fla.

City & State

Orlando, Fla.

4. FEI Number

59-3439398

Applied For

Not Applicable

Zip

Florida 32812

Country

Orange

Zip

32812

Country

Orange

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

6. Name and Address of Current Registered Agent

JOHNSON, RODNEY S
5350 N PINEHILLS ROAD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name
A+ Landscaping, Inc.
Street Address (P.O. Box Number is Not Acceptable)
5231 S. Conway Rd.

City Orlando FL Zip Code 32812

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOHNSON, RODNEY S	5350 N PINE HILLS ROAD	ORLANDO FL 32808	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Johnson, Rodney S.	5231 S. Conway Rd.	Orlando, Fla. 32812		

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(407) 354-0005

Daytime Phone #

Rodney Johnson

CR2E034 (9/01)