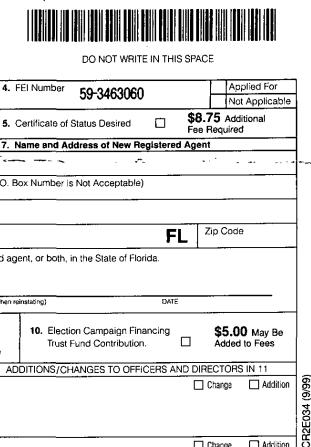
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700056377 1. Entity Name JOHN SEWELL LANDSCAPING. INC. Principal Place of Business Mailing Address 1955 APOPKA-VINELAND RD. 1955 APOPKA-VINELAND RD. ORLANDO FL 32835-5810 CCLCCCC FL 32835 3. Mailing Address 2. Principal Place of Business 16700 SANDHI Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number w & State City & State Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name:-----CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. **DPST** ☐ Delete TITLE TITLE SEWELL, JOHN F NAME NAME STREET ADDRESS 1955 APOPKA-VINELAND RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

## FILED Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90134 009 \*\*\*150.00



ORLANDO FL 32835 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐.Change ☐ Addition TITLE TITLE . 👡 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ■ Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 a other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Daytime Phone #