2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am P97000063017 DOCUMENT # **Secretary of State** 1. Entity Name 03-26-2002 90004 049 ***158.75 WILLIAM CARTON LANDSCAPING, INC. Principal Place of Business Mailing Address 5612 SE WINDSONG LANE 5612 SE WINDSONG LANE STUART FL 34997-8215 STUART FL 34997 US US 2. Principal Place of Business 3. Mailing Address 8791 SE DUNCAN STREET 8791 SE DUNCAN STREET Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0801862 FLORIDA HOBE SOUND FLORIDA LOBE SOUND Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33455 USA 33455 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5612 SE WINDSONG LANE 8791 SE DUNGAN STREET STUART FL 34997 HOBESOUND, FL 33455 Zip Code 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSTD CARTON, WILLIAM CR2E034 (9/01) Change ☐ Addition **PSTD** TITLE □ Delete TITLE CARTON, WILLIAM NAME NAME 8791 SE DUNCAN STREET **5612 SE WINDSONG LANE** STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-7/E HOBE SOUND, FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change 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

other like empowered.

Date

Daytime Phone #

changed, or on an attachment with an addres

SIGNATURE:

FILED