

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073165

1. Entity Name
FLOTRIM LANDSCAPE MAINTENANCE, INC.

Principal Place of Business
308 N. BRADFORD AVE.
TAMPA FL 33609
US

Mailing Address
308 N. BRADFORD AVE.
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARSON, FRANK
308 BRADFORD AVE.
SUITE 300
TAMPA FL 33609

REINSTATEMENT

2001

4. FEI Number

59-3415871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

CARSON FRANK

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

POB

City

FL

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 *Frank Carson* VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00

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 CARSON, FRANK J SR
STREET ADDRESS 308 BRADFORD AVE NO
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME CARSON LYNDIA
STREET ADDRESS 308 N Bradford Ave
CITY-ST-ZIP Tampa FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *CARSON Frank J S* ☐ Change ☐ Addition
NAME
STREET ADDRESS *PO Box 10532*
CITY-ST-ZIP *Tampa FL 33679-0532*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900004733563-1
-12/20/01--01009--016
****750.00- ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *Frank Carson* Lynda Carson 9/10/01 713 8770469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0086033 AV

CR2E034 (5/01)

FILED
01 NOV -7 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

