

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095412

1. Entity Name

NEW LEAF MAINTENANCE CO.

Principal Place of Business

74 CEDAR CIRCLE
BOYNTON BEACH FL 33436

Mailing Address

74 CEDAR CIRCLE
BOYNTON BEACH FL 33436

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

WRIGHT, WILLIAM E
74 CEDAR CIRCLE
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent.

Name

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

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

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!
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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WRIGHT, WILLIAM E
74 CEDAR CIRCLE
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WRIGHT, LACHELLE L
74 CEDAR CIRCLE
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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:

SIGNATURE OF OFFICER OR DIRECTOR

5/23/01

(561) 963-9200

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 004 ***150.00

660698



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

Document #P97000099412

New Leaf Maintenance Co.
74 Cedar Circle
Boynton Beach, FL 33436
561-963-9200 Off.
561-963-9111 Fax

May 23, 2001

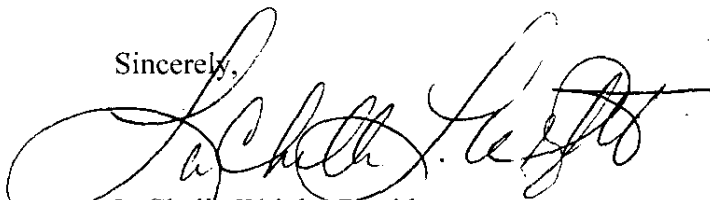
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am writing to you in regards to my Uniform Business Report and filing fee. I have just spoken to one of your representatives, regarding my report and fee being sent to you late. I have recently had surgery, and due to this my report was overlooked from being paid. She instructed me to send you this letter with my report and payment of \$150.00.

Thank you for your understanding, if there are any questions, please contact me at the above number.

Sincerely,



LaChelle Wright, President
New Leaf Maintenance Co.