

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102360

1. Entity Name

URBAN HORTICULTURAL SERVICES, INC.

*R*

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90003 027 \*\*\*150.00

Principal Place of Business  
 1015 CHEROKEE STREET  
 SAFETY HARBOR FL 34695

Mailing Address  
 1015 CHEROKEE STREET  
 SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

*P.O. Box 146*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*SAFETY HARBOR FL*

4. FEI Number **59-3489492**

Applied For  
 Not Applicable

Zip Country

Zip Country

*34695*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PULLARA, PETER R**  
**1015 CHEROKEE STREET**  
**SAFETY HARBOR FL 34695**

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

(NOTE: Registered Agent signature required when reinstating)

*X 8-11-00*

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>PULLARA, PETER R</b> <b>1015 CHEROKEE STREET</b> <b>SAFETY HARBOR FL 34695</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DOC # P97000102360  
DU078801

8081400

Dear Sirs,

I was never sent my first notification  
to renew my Corp.

My correct address should be:

P.O. Box 146

Safety Harbor, FL 34655

I am sending a check for 150.00.

Please notify me if this is not  
acceptable and I will submit the  
balance.

Sincerely  
Peter De