2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000105019** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** J D F LANDSCAPE NURSERY, INC. 03-27-2000 90071 043 ***158.75 Principal Place of Business Mailing Address 3841 ROCK SPRINGS ROAD 3841 ROCK SPRINGS ROAD APOPKA FL 32712-5747 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-3488349 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLEMING, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3574 ONDICH Rd -25030 THORNHILL DR. - SORRENTO FL 32770 Apopka 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) d title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition DPST ☐ Delete TITLE TITLE NAME FLEMING, JEFFREY NAME STREET ADDRESS STREET ADDRESS 25030 THORNHILL DR. CITY-ST-ZIP CITY-ST-7IP SORRENTO FL 32776 ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME STREET ADDRESS

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☐ Delete

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