

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002327

1. Entity Name
GARDEN LANDSCAPES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90441 046 ***150.00

Principal Place of Business Mailing Address
1440 SW ISABEL ROAD, OESTE 1440 SW ISABEL ROAD, OESTE
BOCA RATON FL 33486 BOCA RATON FL 33486-6743

2. Principal Place of Business Suite, Apt. #, etc.
Same as above
3. Mailing Address Suite, Apt. #, etc.
Same as above

City & State City & State 4. FEI Number 65-0802382 Applied For Not Applicable
Zip Country USA Zip Country USA 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
WELLS, JOHN B
1440 SW ISABEL ROAD, OESTE
BOCA RATON FL 33486
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 John B Wells DATE Ap 23-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WELLS, JOHN B 1440 SW ISABEL ROAD, OESTE BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 John B Wells DATE Ap 23-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)