

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0399411

DOCUMENT # P98000017480

1. Entity Name

LEAF DESIGNS INTERIORSCAPING, INC.

00 JUL 24 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3521 KING GEORGE LANE
SEFFNER FL 33584

3521 KING GEORGE LANE
SEFFNER FL 33584-6117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3494120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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!!! 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 PD ☐ Delete
NAME TRAVIS, BOYD
STREET ADDRESS 3521 KING GEORGE LANE
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 700003349737--4

TITLE STD ☐ Delete
NAME LEMLE-TRAVIS, PATRICIA J
STREET ADDRESS 3521 KING GEORGE LANE
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 08/08/00-01086-001
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Patricia J. Lemle Travis

PATRICIA J. LEMLE-TRAVIS

8136901200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2000

Daytime Phone #

CR2E034 (9/99)



KRUSOE & ASSOCIATES, P.A.

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CERTIFIED PUBLIC ACCOUNTANTS

Robert E. Krusoe, C.P.A.
Barbara J. Reynolds, E.A.

2002 N. Lois Avenue, Suite 160
Tampa, Florida 33607
Office (813) 877-8500
Fax (813) 877-2754

July 18, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Leaf Designs Interiorscaping, Inc.
Document Number P98000017480
FEI Number 59-3494120

Dear Lady or Gentleman:

Please find enclosed the executed 2000 Uniform Business Report and a check made payable to the Department of State for \$150 from the above referenced taxpayer.

We are submitting this payment and the form on behalf of the taxpayer. We also respectfully request that the penalty for late filing be abated because of the following extenuating circumstances.

This is a family owned and operated small business. The financial affairs of the business are normally handled by the secretary/treasurer of the business. Because she has been sick with cancer and the related treatments those duties along with the operation of the business were predominately being performed by her husband. The failure to complete and file this form went unnoticed until receipt of the second notice from your department.

These are diligent, hard working individuals who have always been prompt and consistent with payment of their obligations. There was no intentional negligence or willful disregard of the responsibility or obligation to this reporting; instead it was simply an oversight during a tough time.

Your assistance and cooperation in this regard will be appreciated. Please contact either the taxpayer or me if additional information is needed.

Sincerely,

Barbara J. Reynolds, E.A.
Enclosures