

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022648

1. Entity Name

MATUTE & MARTIN LANDSCAPING SERVICE, INC.

MATUTE LANDSCAPING INC

Principal Place of Business

Mailing Address

15893 76 ROAD NORTH
LOXAHATCHER FL 33470

15893 76 ROAD NORTH
LOXAHATCHER FL 33470-3174

2. Principal Place of Business

MATUTE LANDSCAPING INC

3. Mailing Address

15893 76 TH RD. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHER FL

City & State

4. FEI Number

65-0830537

Applied For

Not Applicable

Zip

33470

Country

US

Zip

33470

Country

US

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

MATUTE, EZZARD L
15893 76 ROAD NORTH
LOXAHATCHER FL 33470

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

Ezzard L Matute, EZZARD L MATUTE President 4-19-2000

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 ☐ Delete
NAME D
STREET ADDRESS MATUTE, EZZARD L
CITY-ST-ZIP 15893 76 ROAD NORTH
LOXAHATCHER FL 33470

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Ezzard L Matute

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000 561 791 9454

Date

Daytime Phone #

CR2E034 (9/99)