

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**  
 04-07-2001 90020 003 \*\*\*150.00

0541968

**DOCUMENT # P98000023035**

1. Entity Name  
**JAMES M. ARONSON HORTICULTURAL SERVICES, INC.**

Principal Place of Business Mailing Address  
**790 7TH STREET S.W. 790 7TH STREET S.W.**  
**NAPLES FL 34117 NAPLES FL 34117**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0823138** Applied For  
 Not Applicable

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

**ARONSON, JAMES M**  
**2648 44TH STREET S.W.**  
**NAPLES FL 34116**

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, 2001 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                      | <b>D</b>                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>ARONSON, JAMES M</b> |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>790 7TH ST. SW</b>   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>NAPLES FL 34117</b>  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 | 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: *James M Aronson* **JAMES M ARONSON** 4/1/01 941-352-7858  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)