

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90404 046 ***158.75

DOCUMENT # P98000035588

1. Entity Name
EARTHCARE PROPERTY MAINTENANCE, INC.

Principal Place of Business

1394 JEFFERY ROAD
TALLAHASSEE FL 32312

Mailing Address

P.O. BOX 13371
TALLAHASSEE FL 32317

2. Principal Place of Business

2512 Whisper Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32308

Country

USA

Country

4. FEI Number

59-3564513

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONSON, ASHLEY
1394 JEFFERY ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Susan M. Aronson

Street Address (P.O. Box Number is Not Acceptable)

2512 Whisper Way

City

Tallahassee

FL

Zip Code

32308

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 *Susan M. Aronson* **SUSAN M. ARONSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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, 2002 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

TITLE **P** ☒ Delete
NAME **ARONSON, JEFF**
STREET ADDRESS **1394 JEFFERY ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VP** ☒ Delete
NAME **ARONSON, ASHLEY**
STREET ADDRESS **1394 JEFFERY ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **S** ☐ Delete
NAME **ARONSON, DONALD**
STREET ADDRESS **2512 WHISPER WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ARONSON, DONALD**
STREET ADDRESS **2512 Whisper Way**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE **VP** ☐ Change ☒ Addition
NAME **ARONSON, Susan**
STREET ADDRESS **2512 whisper Way**
CITY-ST-ZIP **Tallahassee FL 32308**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Donald L. Aronson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02
Date

Daytime Phone #

CR2E034 (9/01)