

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037291

1. Entity Name

HOBE SOUND LANDSCAPE MAINTENANCE, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 025 ***150.00

A0020926



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5663 SOUTHEAST ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455

Mailing Address
5663 SOUTHEAST ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455-7522

2. Principal Place of Business
12960 SE SUZANNE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 848
Suite, Apt. #, etc.

City & State
HOBE SOUND FL

City & State
HOBE SOUND, FL

Zip
33455

Country
USA

Zip
33475

Country
USA

4. FEI Number 65-0829932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DANIEL J
5663 SOUTHEAST ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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.

DANIEL J. RUSSELL

2/7/2000

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, DANIEL J 5663 SOUTHEAST ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, DORIS J 5663 SOUTHEAST ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 (561)545-2006

CR2E034 (9/99)