

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056083

1. Entity Name
HEATH, LANDSCAPE COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90801 011 ***150.00

Principal Place of Business

11185 S. EAST AVE.
HOBE SOUND FL 33455

Mailing Address

9362 DUNCAN STREET
HOBE SOUND FL 33455-6826
US

2. Principal Place of Business

11185 SE Gomez Ave.
Suite, Apt. #, etc.

3. Mailing Address

9362 Duncan St
Suite, Apt. #, etc.

City & State

Hobe Sound FL

City & State

Hobe Sound FL

4. FEI Number

65-0884081

Applied For

Not Applicable

Zip

33455

Country

Martin

Zip

33455

Country

Martin

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

HEATH, ANTHONY
9362 S.E. DUNCAN STREET
HOBE SOUND FL 33455

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

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00
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	P	<input type="checkbox"/> Delete
NAME	HEATH, ANTHONY	
STREET ADDRESS	9362 S.E. DUNCAN	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATH, JONATHAN	
STREET ADDRESS	8776 S.E. ALABAMA PL.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Eric Heishman	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1841 SW Leafy RD	
STREET ADDRESS	PSL, FL 34953	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anthony Heath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 561-546-1977
Date Daytime Phone #

CR2E034 (9/99)