

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074839**

1. Entity Name

LANDSCAPE FLOWER GROWERS, INC.**FILED****Sep 13, 2000 8:00 am**
Secretary of State

09-13-2000 90054 013 ***550.00

Principal Place of Business

12404 SHELBY DRIVE
RIVERVIEW FL 33569

Mailing Address

12404 SHELBY DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

PO BOX 606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RIVERVIEW FL 33569

4. FEI Number

59-3529648

Applied For

Not Applicable

Zip

Country

Zip

Country

33569**USA**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

PIPPIN, CAROLYN J
12404 SHELBY DR
RIVERVIEW FL 33569

Name

CAROLYN J. Pippin - Wilson

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

12404 Shelby DR

City

RIVERVIEW

FL

Zip Code

33569

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

9/10/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
	PSTD			
	PIPPIN, CAROLYN J			
	12404 SHELBY DRIVE			
	RIVERVIEW FL 33569			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

9-10-00

Daytime Phone #

813 672 4121

CR2E034 (5/00)