## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000075668 1. Entity Name MOUNTAINEER GROUNDS MAINTENANCE AND LANDSCAPING, 05-10-2001 90169 020 \*\*\*150.00 Principal Place of Business Mailing Address 9502 60TH WAY NORTH 9502 60TH WAY NORTH PINĒLLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3529243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATTÁLIO, MARK R Street Address (P.O. Box Number is Not Acceptable) 9502 60TH WAY NORTH PINELLAS PARK FL 33782 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE BATTALIO, MARK R NAME NAME STREET ADDRESS STREET ADDRESS 9502 60TH WAY NORTH CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP ☐ Addition □ Delete ☐ Change TITLE TITLE BATTALIO, BRENDA S NAME NAME 9502 60TH WAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 TITE F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

4/29/01 727-547-5309