

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91042 022 ***150.00

DOCUMENT # P98000083932

1. Entity Name
MATHIS LANDSCAPING, INC.



Principal Place of Business
MATHIS LANDSCAPING, INC.
ORLANDO FL 32839

Mailing Address
4444 S. RIO GRANDE
#858A
ORLANDO FL 32839



2. Principal Place of Business

MATHIS Landscaping Inc

3. Mailing Address

4444 S. RIO GRANDE

Suite, Apt. #, etc.

APT 858A

Suite, Apt. #, etc.

City & State

Orlando, Fla

City & State

4. FEI Number

59-3534034

Applied For

Not Applicable

Zip

32839

Country

orange

Zip

32839

Country

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

6. Name and Address of Current Registered Agent

MATHIS, LEROY JR.
4444 S. RIO GRANDE, #858A
ORLANDO FL 32839

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing: Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MATHIS, LEROY JR.**
STREET ADDRESS **4444 S. RIO GRANDE, #858A**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leroy Mathis

Date

Daytime Phone #

4-3-03

CR2E034 (10/02)