

2000 UNIFORM BUSINESS REPORT (UBR)

6/6 100 0000 000 000 00 000 00

FILED
Jul 11, 2000 8:00 am
Secretary of State

06-06-2000 90004 002 ***150.00

DOCUMENT # P98000088856
 1. Entity Name NASSAU LANDSCAPE & Irrigation, Inc. **K**

Principal Place of Business Mailing Address
 894 S. US HWY 17 SAME
 Yulee, FL 32097-4062

2. Principal Place of Business 3. Mailing Address
 894 S. US HWY 17 SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Yulee, Fla.
 Zip Country Zip Country
 32097-4062 NASSAU

4. FEI Number Applied For
 59-3523525 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Deborah m Royal
 894 S US HWY 17
 Yulee, FL 32097

7. Name and Address of New Registered Agent
 Name Deborah m Royal
 Street Address (P.O. Box Number is Not Acceptable)
 894 S US HWY 17
 City Yulee FL Zip Code 32097

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 Deborah m Royal Deborah m Royal 5/12/2000
 Signature, typed or printed name of registered agent and date if applicable (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

TITLE	President	<input type="checkbox"/> Delete
NAME	Deborah m Royal	
STREET ADDRESS	894 S US HWY 17	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 Deborah m Royal Deborah m. Royal 5/12/2000 904-225-8385
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)