

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089067

1. Entity Name  
VALENTINE'S LAWN & SHRUB CARE, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90082 023 \*\*\*150.00

Principal Place of Business

220 E. MONUMENT AVE.  
SUITE D  
KISSIMMEE FL 34741  
US

Mailing Address

220 E. MONUMENT AVE.  
SUITE D  
KISSIMMEE FL 34741  
US

2. Principal Place of Business

400 W. New Nelt Rd  
Suite, Apt. #, etc.  
N/A

3. Mailing Address

PO Box 700327  
Suite, Apt. #, etc.  
N/A

City & State  
St. Cloud, FL

City & State  
St. Cloud, FL

Zip  
34772

Country  
OSCEOLA

Zip  
34772

Country  
OSCEOLA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538499

Applied For  
Not Applicable

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

VALENTINE, JOSEPH A  
113 AUGUSTA CIRCLE  
ST. CLOUD FL 34769

Name

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

1601 Christa Ct

City  
St. Cloud

FL

Zip Code  
34772

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. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALENTINE, JOSEPH A 113 AUGUSTA CIRCLE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 Christa Ct ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Daytime Phone #

CR2E034 (10/00)