

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090692

1. Entity Name
GEO'S LANDSCAPING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90159 042 ***150.00

Principal Place of Business

8306 MILLS DR. #281
MIAMI FL 33183

Mailing Address

8306 MILLS DR. #281
MIAMI FL 33183

2. Principal Place of Business

8306 MILLS DR.
Suite, Apt. #, etc. 281

3. Mailing Address

8306 MILLS DR.
Suite, Apt. #, etc. 281

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33183

Country
DADE

Zip
33183

Country
DADE

4. FEI Number 65-0869190

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

ECKARDT, GEORGE H
8306 MILLS DR. #281
MIAMI FL 33183

Name George Eckardt, H.
Street Address (P.O. Box Number is Not Acceptable)
13900 SW KENDALL LAKES DR. 33183
City MIAMI FL Zip Code 33183

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 George Eckardt,

(NOTE: Registered Agent signature required when reinstating)

DATE 1/22/01

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	D ECKARDT, GEORGE H 13900 KENDALE LAKES BLVD. MIAMI FL 33183	<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		<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
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: George Eckardt,
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 305 408-0038
Date Daytime Phone #

CR2E034 (10/00)