

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091770

1. Entity Name

PINE VALLEY LANDSCAPING, INC.

Principal Place of Business

P O BOX 261598  
TAMPA FL 33685

Mailing Address

P O BOX 261598  
TAMPA FL 33685-1598

2. Principal Place of Business

7935 Benjamin Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11061

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

ST. Petersburg FL

Zip

33634

Country

USA

Zip

33733-1061

Country

USA

4. FEI Number

59-3540155

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

Name

Seeley & Karatinos, P.A.

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

3924 Central Avenue

City

St. Petersburg

FL

Zip Code

33711

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

Seeley & Karatinos, P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS VALDES, ZENEN  
CITY-ST-ZIP 7314 SUMMERBRIDGE DRIVE  
TAMPA FL 33634

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Louis Jacobowitz  
CITY-ST-ZIP 8515 Merrimoor Blvd.  
Largo FL 33777

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 (727) 321-6881

1-4-00

(813) 243-8223

CR2E034 (9/99)