

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000096181

1. Entity Name

WALLACE LANDSCAPING, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 NW 29th ST

3. Mailing Address

3600 NW 29th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

4. FEI Number

65-0876516

Applied For

Not Applicable

Zip

33313

Country

Zip

33313

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Allan Wallace

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

3600 NW 29th STREET

City

LAUDERDALE LAKES

FL

Zip Code

33313

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President / DIRECTOR
Allan Wallace
3600 NW 29th Street
LAUDERDALE LAKES, FL 33313

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000005281510--7
-04/16/02--01027--004
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

(954) 594-3508