

DOCUMENT # P98000105525

1. Entity Name

INSPIRATIONAL LAWN CARE & LANDSCAPE DESIGN, INC.

09-21-2000 90003 003 ***150.00

P98000105525

FILED

00 SEP 21 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00087433



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10110 MARGUEX DRIVE
ORLANDO FL 32807

Mailing Address

10110 MARGUEX DRIVE
ORLANDO FL 32807

2. Principal Place of Business

10110 Marguex Dr

Suite, Apt. #, etc.

3. Mailing Address

10110 Marguex Dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-3419902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

MIRANDA, RAYMOND
632 N. SEMORAN BOULEVARD
ORLANDO FL 32807

Name

RAYMOND MIRANDA

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

10110 Marguex Dr

City

Orlando

FL

Zip Code

32807

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

8-10-2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME MIRANDA, RAYMOND
STREET ADDRESS 10110 MARGUEX DRIVE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

NATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2000

Date

407-925-8664

Daytime Phone #

CR2004 (5/00)

9/21

Attachment
P 98000105525
00087499

Dear sirs,

Please find enclosed the check for 150.00 as agreed, as I did not receive your
First notice a discussed.

Sincerely

Raymon Miranda Pres.