

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106930

1. Entity Name

LEGENDARY LANDSCAPE, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90076 019 ***150.00

Principal Place of Business Mailing Address
450 GEMAIRE DRIVE, SUITE 107 450 GEMAIRE DRIVE, SUITE 107
MELBOURNE FL 32904 MELBOURNE FL 32904-1110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3547681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRISON, SCOTT
450 GEMAIRE DRIVE, SUITE 107
MELBOURNE FL 32904

Name

Andy Arno

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

115 Hickory St, Ste 202

City

W Melbourne

FL

Zip Code
32904

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/2/00

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	FARLEY, JONATHAN	450 GEMAIRE DRIVE, SUITE 107	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	P, T, S	KAREN LANG	450 GEMAIRE DR, STE 107	W MELBOURNE, FL 32904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	MORRISON, SCOTT	450 GEMAIRE DRIVE, SUITE 107	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	VP	DONALD SORRENSON	1245 PALM BAY RD	PALM BAY, FL 32909	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Karen Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

Daytime Phone #

CR2E034 (9/99)