

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90828 039 ***150.00

DOCUMENT # P99000003607

1. Entity Name

EVER-GREEN LANDSCAPE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**3231 60TH ST. SW
 NAPLES FL 34116**

**3231 60TH ST. SW
 NAPLES FL 34116**

2. Principal Place of Business

4627 Exchange Ave
 Suite, Apt. #, etc.

3. Mailing Address

4001 Santa Barbara Blvd
 Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

Zip

34104

Country

4. FEI Number

59-3546622

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

**SANCHEZ, HECTOR
 3231 60TH ST, SW
 NAPLES FL 34116**

Name

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

City

FL

Zip Code

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

4/30/01

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	SANCHEZ, HECTOR	3231 60TH ST, SW	NAPLES FL 34116				
	VPD						
	SANCHEZ, ALICIA	3231 60TH ST, SW	NAPLES FL 34116				

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

4/30/01

Date

941-659-1331

Daytime Phone #

CR2E034 (10/00)