

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90277 023 ***150.00

DOCUMENT # P99000013053

1. Entity Name
AMBERWOOD LAWN MAINTENANCE & LANDSCAPING, INC.



Principal Place of Business
25 HOMESTEAD ROAD
#5
LEHIGH ACRES FL 33936

Mailing Address
25 HOMESTEAD ROAD
#5
LEHIGH ACRES FL 33936

2. Principal Place of Business

234 MAISON GRANDE AVE

3. Mailing Address

PO Box 1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Lehigh Acres FL

Zip
33936

Country

Lee

City & State
Lehigh Acres FL

Zip
33936

Country

Lee

4. FEI Number **65-0896673**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRT, TIMOTHY J
25 HOMESTEAD RD
STE 5
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name **Timothy J Hirt**

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

234 MAISON GRANDE AVE.

City **Lehigh Acres**

FL

Zip Code
33936

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HIRT, TIMOTHY J**
STREET ADDRESS **234 MAISON GRANDE AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ Delete
NAME **HIRT, KATHLEEN M**
STREET ADDRESS **234 MAISON GRANDE AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/03

CR2E034 (10/02)