

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017739

1. Entity Name

EXTERIOR ELEGANCE LANDSCAPE INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 002 ***150.00

Principal Place of Business

Mailing Address

6092 JASMINE VINE DR.
PORT ORANGE FL 32124

6092 JASMINE VINE DR.
PORT ORANGE FL 32124-7111

2. Principal Place of Business

6092 Jasmine Vine Dr
Suite, Apt. #, etc.

3. Mailing Address

6092 Jasmine Vine Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32124

Country

Volusia

Zip

32124

Country

Volusia

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

GARGANI, MICHAEL
6092 JASMINE VINE DR.
PORT ORANGE FL 32124

Name: Michael Gargani

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

6092 JASMINE VINE DR

City: Port Orange

FL

Zip Code: 32124

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

Michael Gargani

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

Michael Gargani

(NOTE: Registered Agent signature required when reinstating)

3-25-00

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 PS ☐ Delete
NAME GARGANI, MICHAEL
STREET ADDRESS 6092 JASMINE VINE DR.
CITY-ST-ZIP PORT ORANGE FL 32124

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

TITLE VPT ☐ Delete
NAME GARGANI, JOAN M
STREET ADDRESS 6092 JASMINE VINE DR.
CITY-ST-ZIP PORT ORANGE FL 32124

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Michael Gargani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00

Date

904 761-9366

Daytime Phone #

CR2E034 (9/99)