

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018926

1. Entity Name

JACKSONVILLE LANDSCAPE MAINTENANCE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90164 010 ***150.00

Principal Place of Business

Mailing Address

49 SANDRA DRIVE
 JACKSONVILLE BEACH FL 32250

49 SANDRA DRIVE
 JACKSONVILLE BEACH FL 32250-4068

2. Principal Place of Business

2156 Dunes Way Dr West

3. Mailing Address

2156 Dunes Way Dr. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3561604

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

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

CARSON, CHRISTOPHER R
 49 SANDRA DRIVE
 JACKSONVILLE BEACH FL 32250

Name

Christopher R. CARSON

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

2156 Dunes Way Drive West

City

Jacksonville

FL

Zip Code

32225

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 Christopher R. CARSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Christopher R. CARSON President 4-23-00

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 **D** ☐ Delete
 NAME **CARSON, CHRISTOPHER R**
 STREET ADDRESS **49 SANDRA DRIVE**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **President** ☒ Change ☐ Addition
 NAME **Christopher R. CARSON**
 STREET ADDRESS **2156 Dunes Way Drive West**
 CITY-ST-ZIP **Jacksonville, FL 32225**

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:

CHRISTOPHER CARSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-00

Daytime Phone #

904-998-1431

CR2E034 (9/99)