

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P990000 20905

1. Entity Name

All Seasons Lawn and Landscape Concepts, Inc.

02 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5840 Red Bug Lake Rd.
Suite, Apt. #, etc.
#5

3. Mailing Address

5840 Red Bug Lake Rd.
Suite, Apt. #, etc.
#5

DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL

City & State

Winter Springs, FL

4. FEI Number

59-3557719

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

32708

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kathleen Turner Mar. Mail Copy Plus

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

5840 Red Bug Lake Road
#5

City

Winter Springs

FL

Zip Code

32708

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

Kathleen Turner

Kathleen Turner

4/12/02

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P Steven Benfer
5840 Red Bug Lake Rd #5
Winter Springs FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T Carmen Benfer
5840 Red Bug Lake Rd #5
Winter Springs FL 32708

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Carmen L. Benfer

4/12/02

407-324-5296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
Doc. # P99000020905-

All Seasons Lawn & Landscape Concepts, Inc.
Post Office Box 196485
Winter Springs, FL 32719

April 12, 2002

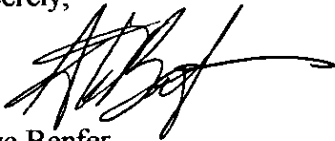
Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Document #P9900002095

To Whom It May Concern:

We had not received any notices for the Uniform Business Report and request that payment in the amount of \$450.00 be accepted for reinstatement of All Seasons Lawn & Landscape Concepts.

Sincerely,



Steve Benfer
President
All Seasons Lawn & Landscape Concepts, Inc.
Cc:/file/B.C.