

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90096 027 \*\*\*150.00

DOCUMENT # P99000022353

1. Entity Name

**SOUTHERN PALMS LAWN & LANDSCAPING, INC.**

Principal Place of Business

Mailing Address

10946 N.W. 56TH COUT  
 CORAL SPRINGS FL 33076

10946 N.W. 56TH COUT  
 CORAL SPRINGS FL 33076

2. Principal Place of Business

8205 San Carlos Circle

3. Mailing Address

8205 San Carlos Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarae, FL

City & State

Tamarae, FL

Zip

33321

Country

Broward

Zip

33321

Country

Broward

4. FEI Number

65-0902920

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

COMITO, SAMUEL J  
 10946 N.W. 56TH COUT  
 CORAL SPRINGS FL 33076

Name

Kenny Smith

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

8205 San Carlos Circle

City

Tamarae

FL

Zip Code

33321

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

Samuel J. Comito

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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	<input checked="" type="checkbox"/> Delete
NAME	COMITO, SAMUEL J	
STREET ADDRESS	10946 N.W. 56TH COUT	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenny Smith	
STREET ADDRESS	8205 San Carlos Circle	
CITY-ST-ZIP	Tamarae, FL 33321	
TITLE	✓ Sharon Comito-Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Comito-Smith	
STREET ADDRESS	8205 San Carlos Circle	
CITY-ST-ZIP	Tamarae, FL-33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Samuel J. Comito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

CR2E034 (9/99)