

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031552

1. Entity Name

LINDGREN LANDSCAPING, INC.

Principal Place of Business

3720 NW 7TH AVE
POMPANO BEACH FL 33064

Mailing Address

3720 NW 7TH AVE
POMPANO BEACH FL 33064-2765

2. Principal Place of Business

4041 S.W. 1ST Street

3. Mailing Address

4041 S.W. 1ST Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

Country

USA

Zip

33317

Country

USA

4. FEI Number

05-0912984

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

LINDGREN, GREGORY R
3720 NW 7TH AVE
POMPANO BEACH FL 33064

Name

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

City

FL

Zip Code

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

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



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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
LINDGREN, GREGORY R
3720 NW 7TH AVE
POMPANO BEACH FL 33064

☐ Delete

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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 an otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory R. Lindgren 01-16-00 (954) 785-9092

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE