

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035675

1. Entity Name

SPACE COAST QUALITY LAWN MAINTENANCE & LANDSCAPI

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90043 008 ***150.00

Principal Place of Business

Mailing Address

2475 JEN DRIVE SUITE 21
MELBOURNE FL 32940

2475 JEN DRIVE SUITE 21
MELBOURNE FL 32940-7481

2. Principal Place of Business

3060 ELLIS DR

3. Mailing Address

3060 ELLIS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne

City & State

West Melbourne

4. FEI Number

59-3571478

Applied For

Not Applicable

Zip

Country

32904 US

Zip

Country

32904 US

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

SHELTON, KEVIN R
2475 JEN DRIVE SUITE 21
MELBOURNE FL 32940

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	PD SHELTON, KEVIN R 2475 JEN DRIVE SUITE 21 MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00

321 254 8453

CR2E034 (9/99)