

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035675

1. Entity Name

SPACE COAST QUALITY LAWN MAINTENANCE & LANDSCAP

Principal Place of Business

3060 ELLIS DR
MELBOURNE FL 32904

Mailing Address

3060 ELLIS DR
MELBOURNE FL 32904

2. Principal Place of Business

3060 ELLIS DRIVE
Suite, Apt. #, etc.

3. Mailing Address

3060 ELLIS DRIVE
Suite, Apt. #, etc.

City & State

West Melbourne FL West Melb. FL

Zip

32904

Country

U.S.

Zip

32904

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD
NAME SHELTON, KEVIN R
STREET ADDRESS 2475 JEN DRIVE SUITE 21
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Kevin Shelton
STREET ADDRESS 3060 ELLIS Drive
CITY-ST-ZIP West Melb. FL 32904 ☒ Change ☐ Addition

TITLE Vice President
NAME Diana Shelton
STREET ADDRESS 3060 ELLIS Drive
CITY-ST-ZIP West Melb. FL 32904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 #

1 Feb. 01 321254 8453

0484386

CR2E034 (10/00)