## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P99000036016 04-18-2001 90004 050 \*\*\*150.00 DENMARK LANDSCAPING SERVICE, INC. Principal Place of Business Mailing Address 5475 PALADIN WAY 5475 PALADIN WAY ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number & State Applied For 59-3572015 Not Applicable Zip., Country \$8.75 Additional 5.-Certificate of Status Desired\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENMARK, WILLIE JR Street Address (P.O. Box Number is Not Acceptable) 5475 PALADIN WAY ORLANDO FL 32810 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME DENMARK, WILLIE JR STREET ADDRESS STREET ADDRESS 5475 PALADIN WAY CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32810 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

Change