

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 001 ***150.00

DOCUMENT # P99000049606

1. Entity Name

DOT PALM LANDSCAPING, INC.

Principal Place of Business

Mailing Address

7770 Gulfstream Blvd.
 Marathon, FL
 33050

7770 Gulfstream
 Blvd.

Marathon, FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0071900

65-092-6102

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thomas D. WRIGHT
 9711 Overseas Highway Suite 55
 Marathon, FL 33050

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: Re-elected Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW! FEES \$150.00
 After MAY 1, 2001 fee will be \$350.00
 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 PSD ☐ Delete
 NAME Toney, Walt
 STREET ADDRESS 7770 Gulfstream Blvd.
 CITY-ST-ZIP Marathon, FL 33050

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

TITLE VTD ☐ Delete
 NAME Toney, Deborah
 STREET ADDRESS 7770 Gulfstream Blvd.
 CITY-ST-ZIP Marathon, FL 33050

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

TITLE D ☒ Delete
 NAME Norrie, Glenn
 STREET ADDRESS 7770 Gulfstream Blvd
 CITY-ST-ZIP Marathon, FL 33050

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Toney

5/21/01

Daytime Phone #

305 743-3090

CR2E034 (11/00)