

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054825

1. Entity Name

CENTRAL FLORIDA LANDSCAPE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90150 033 ***158.75

Principal Place of Business

Mailing Address

241 PINELLAS ST.
LAKELAND FL 33813

P.O. BOX 7862
LAKELAND FL 33807-7862

2. Principal Place of Business

730 ROYAL GLEN DR

3. Mailing Address

P.O. Box 7862

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FLA.

City & State

Lakeland FL

4. FEI Number

59-3580617

Applied For

Not Applicable

Zip

33813

Country

US

Zip

33807-7862

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARMAN, G. KENT
241 PINELLAS ST.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name HARMAN, G. Kent

Street Address (P.O. Box Number is Not Acceptable)
730 Royal Glenn Dr.

City LAKELAND

FL

Zip Code 33813

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]* President

(NOTE: Registered Agent signature required when reinstating)

DATE 4-12-00

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

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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

TITLE P
NAME HARMAN, G. KENT
STREET ADDRESS 241 PINELLAS ST.
CITY-ST-ZIP LAKELAND FL 33813

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT
NAME LEO ASHMET
STREET ADDRESS 4706 HARDEY BLVD.
CITY-ST-ZIP LAKELAND, FL 33813

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
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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]* President 4-12-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)