

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058969

1. Entity Name
COUNTRY MULCH II INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90060 043 ***150.00

Principal Place of Business
12967 SE SUZANNE DRIVE
HOBE SOUND FL 33455

Mailing Address
12967 SE SUZANNE DRIVE
HOBE SOUND FL 33455-9748

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
9538 171st St. N.
Suite, Apt. #, etc.
City & State
Jupiter, FL
Zip
33478-2215

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
605-0961952

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPO, RICHARD
12967 SE SUZANNE DRIVE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name
Robert L. Howard, Jr.
Street Address (P.O. Box Number is Not Acceptable)
9538 171st St. N.
City
Jupiter
FL
Zip Code
33478-2215

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 Robert L. Howard, Jr. Robert L. Howard, Jr. 1-26-00
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Leilani W. Dominguez Leilani W. Dominguez 1-26-00 (92) 946-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)