

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000078506**

1. Entity Name
DAN'S LANESCAPE, INC.



FILED

03 JUN 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1867 SOUTH ECONLOCKHATCHEE TRAIL
ORLANDO FL 32825**

Mailing Address
**1867 SOUTH ECONLOCKHATCHEE TRAIL
ORLANDO FL 32825**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3604912**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KIEFFER, ROBERT W
319 NORTH FERNCREEK AVENUE
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CHAPIN, DAN**
STREET ADDRESS **1867 SOUTH ECONLOCKHATCHEE TRAIL**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VSTD** ☐ Delete
NAME **CHAPIN, LOUISE ANN**
STREET ADDRESS **1867 SOUTH ECONLOCKHATCHEE TRAIL**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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300020777553
06/11/03--01048--004 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Louise Ann Chapin* **4/10/03**

Escape your landscape with
Dan's LandEscape, Inc.
1867 South Econlockhatchee Trail
Orlando, Florida 32825
Phone 407/281-0846

June 10, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement

I am enclosing a copy of the form that I sent to you on January 23, 2003, to renew our corporation with the state.

This check, as well as a check sent to Tallahassee for the state unemployment compensation fund, has never cleared the bank. I know that it can take time for government checks to clear, but evidently these checks were never received - nor have they been returned by the post office.

Consequently, on the advice of a representative in your office, I am resubmitting the form that I sent in January, re-signed, and our check for \$150.00.

Please reinstate our corporation accordingly.

Sincerely,

Dan's LandEscape, Inc.



Louise Chapin
Vice-President

bmoh

Enclosures as indicated