

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90002 002 ***150.00

DOCUMENT # P99000072818
1. Entity Name Wiggins Commercial Landscaping, Inc.

Principal Place of Business 4027 Kirkland Blvd
Orlando, Florida DEPA 32811
Mailing Address 4027 Kirkland Blvd.
Orlando, Florida 32811

2. Principal Place of Business Same as Above
Suite, Apt. #, etc. _____
3. Mailing Address Same as above
Suite, Apt. #, etc. _____

City & State Orlando, Florida 32811
Zip 32811 Country Orange
City & State Orlando, Florida 32811
Zip 32811 Country Orange

6. Name and Address of Current Registered Agent
Wiggins Commercial Landscaping, Inc.
4027 Kirkland Blvd.
Orlando, Florida 32811

4. FEI Number 59-3594695
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name Wiggins Commercial Landscaping, Inc.
Street Address (P.O. Box Number is Not Acceptable) 4027 Kirkland Blvd.
Orlando Florida
City Zip Code FL 32811

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 Cotthee F. Wiggins V. President Co-owner & Mark A. Wiggins DATE 3/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<u>President - owner</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Willie F. Wiggins</u>	
STREET ADDRESS	<u>4027 Kirkland Blvd.</u>	
CITY-ST-ZIP	<u>Orlando, Florida 32811</u>	
TITLE	<u>Not Delete</u>	<input type="checkbox"/> Delete
NAME	<u>Not Delete</u>	
STREET ADDRESS	<u>Not Delete</u>	
CITY-ST-ZIP	<u>Not Delete</u>	
TITLE	<u>Corporate Financial Secretary</u>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>Co-owner - V. President</u>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Cotthee F. Wiggins</u>	
STREET ADDRESS	<u>4027 Kirkland Blvd</u>	
CITY-ST-ZIP	<u>Orlando, Florida 32811</u>	
TITLE	<u>Co-owner - President</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Mark Wiggins</u>	
STREET ADDRESS	<u>5268 Macadamia</u>	
CITY-ST-ZIP	<u>Orlando, Florida 32818</u>	
TITLE	<u>Janita Wiggins</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>5268 Macadamia</u>	
STREET ADDRESS	<u>Orlando, Florida 32818</u>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cotthee F. Wiggins Co-owner V. President Mark A. Wiggins Co-owner President DATE 3/18/01 (407 425-6755)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)