

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094345

1. Entity Name

Major Mulch Installations, Inc.

Principal Place of Business
7337 Woodbriar Court
Orlando, FL 32825

Mailing Address
7337 Woodbriar Court
Orlando, FL 32825

2. Principal Place of Business
7337 Woodbriar Court
Suite, Apt. #, etc.

3. Mailing Address
7337 Woodbriar Court
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3613747

Applied For
Not Applicable

Zip Country
32825 USA

Zip Country
32825 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David E. Terry
101 Sunnytown Road
Suite 300
Casselberry, FL 32707

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	Rihcards, Michael Russel	
STREET ADDRESS	7337 Woodbriar CT.	
CITY-ST-ZIP	Orladno, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	Richards, Steven Paul	
STREET ADDRESS	7333 Woodknot	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael R Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 4072919895

Date Daytime Phone #

MICHAEL R RICHARDS

CR2E034 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90313 001 ***150.00

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DO NOT WRITE IN THIS SPACE