

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100802

1. Entity Name
AAA Keep It Green Property Maintenance, Inc.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 035 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business
7734 Brookridge Drive

3. Mailing Address
P.O. Box 1362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Richey, FL

City & State
Port Richey, FL

4. FEI Number
59-3608831

Applied For
Not Applicable

Zip
34668

Country
USA

Zip
34673

Country
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

Fischbach, John R
12221 Lacey Drive
New Port Richey, FL

Name
Kimberly Smith

Street Address (P.O. Box Number is Not Acceptable)
7734 Brookridge Drive

City Port Richey FL Zip Code 34668

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 *Kimberly Smith sec.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Fischbach, John
P.O. Box 1362
Port Richey, FL 34673 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gary Hamilton
7734 Brookridge Drive
Port Richey, FL 34668 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Kimberly Smith
7734 Brookridge Drive
Port Richey, FL 34668 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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: *Kimberly Smith sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

CR2E034 (11/00)