

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101335

1. Entity Name

GUERRA LANDSCAPING CO.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90354 005 ***150.00

Principal Place of Business

1709 FALLS OF VENICE CIRCLE
VENICE FL 34292

Mailing Address

1709 FALLS OF VENICE CIRCLE
VENICE FL 34292-3951

2. Principal Place of Business

4054 VERMONT LN

Suite, Apt. #, etc.

NORTH PORT FL 34287

City & State

NORTH PORT FL 34287

Zip

34287

Country

FLORIDA

3. Mailing Address

4054 Vermont Ln

Suite, Apt. #, etc.

NORTH PORT FL

City & State

NORTH PORT FL

Zip

34287

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0964792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, BONNIE J
1709 FALLS OF VENICE CIRCLE
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

BONNIE Guerra

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

4054 Vermont Ln

City

NORTH PORT

FL

Zip Code

34287

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

Bonnie Guerra

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

(NOTE: Registered Agent signature required when reinstating)

5/11/2000

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

TITLE D
NAME GUERRA, BONNIE J
STREET ADDRESS 1709 FALLS OF VENICE CIRCLE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Bonnie Guerra ☒ Change ☐ Addition
STREET ADDRESS 1709 Falls of Venice Circle
CITY-ST-ZIP Venice FL 34292

TITLE S+T
NAME Ramon Guerra ☐ Change ☒ Addition
STREET ADDRESS 1709 Falls of Venice Cir
CITY-ST-ZIP Venice FL 34292

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

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

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

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: *Bonnie Guerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00

Bonnie Guerra

Date

Daytime Phone #

941-416-5052