

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90188 030 ***150.00

DOCUMENT # S16481

1. Entity Name

BLACK OLIVE EAST NURSERY & LANDSCAPE, INC.

Principal Place of Business

**3539 GRIFFIN RD
HOLLYWOOD FL 33312**

Mailing Address

**3539 GRIFFIN RD
HOLLYWOOD FL 33312**

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 **65-0238199**

Applied For

Not Applicable

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****RUDD, JAMES D.
901 SE 17 ST CSWY
STE 200
FT LAUDERDALE FL 33316**

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

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

(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, 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	D	<input type="checkbox"/> Delete
NAME	RUDD, JAMES D.	
STREET ADDRESS	901 SE 17 ST CSWY #100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERNDON, MARK B.	
STREET ADDRESS	3691 GRIFFIN ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HERNDON, PHYLLIS	
STREET ADDRESS	4903 S. W. 51ST ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERNDON, MARIA	
STREET ADDRESS	4907 SW 51ST STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMILTON, STEPHANIE	
STREET ADDRESS	200 SW 117 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie Hamilton **Stephanie Hamilton** **1/18/01** **954-985-8187**

CR2E034 (10/00)