## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # \$20231** May 08, 2000 8:00 am Secretary of State PARKLAND BUSHOG & SPRAYING SERVICE, INC. 05-08-2000 90061 030 \*\*\*158.75 Mailing Address Principal Place of Business 5972 HOMELAND RD RURAL ROUTE 50 BOX 643EE LAKE WORTH FL 33467-5803 POMPANO BEACH FL 33067 2. Principal Place of Business 3. Mailing Address 9300 N.W. Tara Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0247645 tarkland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 3*306* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald W. Beat BEATY, RONALD W Street Address (P.O. Box Number is Not Acceptable) **ROUTE 50 BOX 643EE** 5972 Homeland SUITE 400 POMPANO BEACH FL 33067 Lakı 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 r (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Delete RHINEHARDT, MAURICE O. NAME NAME STREET ADDRESS 2401 E ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Delete Change ☐ Addition TITLE TITLE BEATY, RONALD W NAME NAME STREET ADDRESS **ROUTE 50 BOX 643EE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 (mpowered.