2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED **DOCUMENT # \$49838** Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** JOHNSON'S LANDSCAPE MANAGEMENT SERVICES, INC. 02-04-2000 90022 043 ***150.00 Mailing Address Principal Place of Business 2715 MENDELIN ST 2715 MENDELIN ST APOPKA FL 32703-4829 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3072391 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 200 MAITLAND AVE #78 **ALTAMONTE SPRINGS FL 32701** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. Addition Change ☐ Delete TITLE TITLE JOHNSON, MATTHEW NAME NAME STREET ADDRESS STREET ADDRESS 200 MAITLAND AVE #78 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of 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 It received by the corporation of the

ress, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #