

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S49838**

1. Entity Name

JOHNSON'S LANDSCAPE MANAGEMENT SERVICES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90013 017 ***150.00

Principal Place of Business

**2715 MENDELIN ST
APOPKA FL 32703**

Mailing Address

**2715 MENDELIN ST
APOPKA FL 32703**

2. Principal Place of Business

200 Maitland Ave

3. Mailing Address

200 Maitland Ave

Suite, Apt. #, etc.

#78

Suite, Apt. #, etc.

78

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

Zip

32701

Country

4. FEI Number **59-3072391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MATTHEW
200 MAITLAND AVE #78
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **JOHNSON, MATTHEW**
STREET ADDRESS **200 MAITLAND AVE #78**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Jon Shelton**
STREET ADDRESS **1155 Ocoee Apopka Rd**
CITY-ST-ZIP **Apopka FL 32703**

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

TITLE ☐ Change ☐ Addition
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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 for 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 its trustee 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

Matthew Johnson

3/19/01

Date

407-261-0515

Daytime Phone #

CR2E034 (10/00)