

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90047 041 ***150.00

DOCUMENT # S69276

1. Entity Name

LANDMARK NURSERY, INC.

Principal Place of Business

853 EAST LAKE RD S
TARPON SPRINGS FL 34689

Mailing Address

853 EAST LAKE RD S
TARPON SPRINGS FL 34689-7353

905910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3104567

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTANHEIRO, R. ANDREW
843 E. LAKE RD. SOUTH
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

MARK DUQUESNAY

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

853 EAST LAKE RD S

City

TARPON SPRINGS FL 34689

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, name or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

MARK DUQUESNAY President 1/17/00

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 DUQUESNAY, MARK
STREET ADDRESS 4997 KILKENNEY WAY
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE D
NAME FERRIS, GLENN
STREET ADDRESS 1204 JACKSON ROAD
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Add
NAME ANDREW CASTANHEIRO
STREET ADDRESS 112 DUNBAR DR.
CITY-ST-ZIP PALM HARBOR FL 34684

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

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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

MARK DUQUESNAY 1/17/2000 (727) 938-29- President