

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75972

1. Entity Name

CREATIVE LANDSCAPE & IRRIGATION OF TALLAHASSEE, *f*

Principal Place of Business

3618 THOMASVILLE RD
TALLAHASSEE FL 32308
US

Mailing Address

3618 THOMASVILLE RD.
TALLAHASSEE FL 32308
US

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

59-3083422

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

GAZIOCH, FRANK U.
3618 THOMASVILLE RD
TALLAHASSEE FL 32308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST GAZIOCH, FRANK 3618 THOMASVILLE, RD. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 048 ***150.00

00002087



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment Doc# : S75972
D0082087

To whom it may concern:

Aug 3, 2000

My name is Frank Gazioch and I am the owner of Creative Landscape & Irrigation of Tallahassee Inc. I received a package in the mail about filing the 2000 uniform business report 'second notice'. I called your office to find out the reason for this notice. I had filed this report with you on February 25th, 2000. It was paid with check # 3168. Your office confirmed that you had not received this report and the check has not cleared the bank either. I was advised to write you a letter regarding the situation and send another report with another check. Enclosed is another report and another check for \$150.00.

If you look at my past filing history you will find that I have only been late one time for a couple of weeks in the past nine years. Thank you.....

Sincerely,
Frank Gazioch, owner

