

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40926

1. Entity Name

HORTISCAPES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90043 041 ***150.00

Principal Place of Business

440 MYRA STREET
 NEPTUNE BEACH FL 32266
 US

Mailing Address

440 MYRA STREET
 NEPTUNE BEACH FL 32266-4841
 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

65-0336188

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

FREEMAN, GEORGE F.

~~211 EIGHT ST~~ 440 MYRA ST.
~~ATLANTIC BEACH FL 32299~~ NEPTUNE BEACH, FL
 32266

Name

George F. Freeman

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

440 MYRA ST.

City

NEPTUNE BEACH

FL

Zip Code

32266

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.

→ ADDRESS

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/00
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FREEMAN, GEORGE F.	
STREET ADDRESS	440 MYRA STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUISENBERRY, WAYDE	
STREET ADDRESS	2005 LANDWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

3/6/00 (904) 241-4680
 DATE Daytime Phone #

CR2E034 (9/99)