## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V69129** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name INTRACOASTAL LAWN MAINTENANCE & LANDSCAPING, INC 04-22-2000 90120 012 \*\*\*150.00 Principal Place of Business Mailing Address 2632 N.E. 26TH COURT 2632 N.E. 26TH COURT FORT LAUDERDALE FL 33306-1702 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0362632 Not Applicable Zip Country Zip 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 NORDSTROM, KEN E. Street Address (P.O. Box Number is Not Acceptable) 2632 N.E. 26TH COURT FORT LAUDERDALE FL 33306 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. DATE Signature, typed or printed name of registered agent and title-it-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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PD - Delete J111.F TITLE NORDSTROM, KEN E. NAME --- -NAME STREET ADDRESS STREET ADDRESS 2632 N.E. 26 COURT CITY-ST-ZIP FORT LAUDERDALE, FLQ CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NORDSTROM, DONNA R. NAME STREET ADDRESS 2632 NE 26 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL - · -- - Addition TITLE TIŤLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADORESS 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Dato Daytime Phone #

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 empowe