

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P 95000096446

1. Entity Name  
**Habitat Restoration Services, Inc. dba  
 Native Plant Brokerage**

Principal Place of Business  
**33601 Kiefer Road  
 San Antonio, FL  
 33576**

Mailing Address  
**P.O. Box 1045  
 San Antonio, FL  
 33576-1045**

FILED

01 OCT 17 PM 3:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**2001 AMENDED UBR**

2. Principal Place of Business  
**33601 Kiefer Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1045**  
 Suite, Apt. #, etc.

City & State  
**San Antonio FL**

City & State  
**San Antonio, FL**

Zip  
**33576**

Country  
**PASCO**

Zip  
**33576-1045**

Country  
**PASCO**

4. FEI Number  
**59-335-3475**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE  
**9/4/01 01088 008 \$43.75**

6. Name and Address of Current Registered Agent

**LOGAN, BRIGHTMAN S.  
 33601 KIEFER ROAD  
 SAN ANTONIO, FL 33576**

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 \_\_\_\_\_ (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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LOGAN, BRIGHTMAN S.</b>	
STREET ADDRESS <b>33601 KIEFER ROAD</b>	
CITY-ST-ZIP <b>SAN ANTONIO, FL 33576</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CHIEF EXECUTIVE OFFICER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SANFORD J. MAZER</b>	
STREET ADDRESS <b>635 - 45TH STREET COURT WEST</b>	
CITY-ST-ZIP <b>PALMETTO, FL 34221</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **LOGAN, BRIGHTMAN S.** **9/24/01** **(352) 588-3687**

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

CR2E034 (11/00)