

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 003 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000016540
 1. Entity Name
YK LANDSCAPING, INC.

00135145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12213 FROSTWOOD COURT
 Suite, Apt. #, etc.

3. Mailing Address
12213 FROSTWOOD COURT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3700786

Applied For
 Not Applicable

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

Zip Country Zip Country
32223 **32223**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BOWLER, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
12213 FROSTWOOD COURT

City
JACKSONVILLE **FL** Zip Code
32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE D	NAME BOWLER, THOMAS	TITLE	
STREET ADDRESS 12213 FROSTWOOD COURT	CITY - ST - ZIP JACKSONVILLE, FL 32223	NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE VPD	NAME BOWLER, CINDY	TITLE	
STREET ADDRESS 12213 FROSTWOOD COURT	CITY - ST - ZIP JACKSONVILLE, FL 32223	NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	NAME	NAME	
CITY - ST - ZIP	STREET ADDRESS	STREET ADDRESS	
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TITLE	NAME	TITLE	
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TITLE	NAME	TITLE	
STREET ADDRESS	NAME	NAME	
CITY - ST - ZIP	STREET ADDRESS	STREET ADDRESS	
	CITY - ST - ZIP	CITY - ST - ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Bowler* **THOMAS A. BOWLER** 5-1-03 904-288-9446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #