2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000064414 **DOCUMENT #**

1. Entity Name

PROFECT LANDSCAPING, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90527 035 ***150.00

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Principal Place of Business 1435 E LIBBY DR W PALM BCH FL 33406			1435	Mailing Address 1435 E LIBBY DR W PALM BCH FL 33406								
2. Principal Place of Business			3. Ma	3. Mailing Address						iili aciil eelia i	EKKI QUBUK BIBBA	IADAA BAHII ADBA
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEII	Number 65-1118299)	<u> </u>	plied For at Applicable	
Zip	Country			Zip Coui				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Register	ed Agent				7. Nam	ne and Address of New I	Registered /	Agent	
COMOS, GREGG 1435 E LIBBY DR						Name Street A	ddress (P.C	D. Box N	Number is Not Acceptable	e)		
W PALM E	BCH FL 334	06										
				City					<u></u>	FL	Zip Code	=
	named entit tions of regist	y submits this statement fo ered agent.	the purp	oose of changing its	registere	ed office or	registered	agent,	or both, in the State of FI	orida. I am t	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent a	und title if app	olicable. (NOTE	: Registered	i Agent signatu	re required wh	en reinstat	ting)	DATE		[
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						4	-		Election Campaign Fil Trust Fund Contribution			O May Be to Fees
10.		OFFICERS AND	DIRECTO)RS	11.			ADDIT	IONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D COMOS, 0 1435 E LIE W PALM E			☐ Delete						`	☐ Change	Addition
TITLE 🐇	D.	-		Delete	TITLE					 	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	COMOS, J 1435 E LIE W PALM E	AN BBY DR SCORE CH FL 33406		೨,೨ ಸ್ವೀಟಿಯಾ ಅಜ		ET ADDRESS ST-ZIP	programme of	·	فالمدائد للمسادر والمصيدات	an alternative of	- 	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #