

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90313 001 ***150.00

DOCUMENT # P01000084196
1. Entity Name
WEST FLORIDA LANDSCAPE MAINTENANCE, INC.

Principal Place of Business **Mailing Address**
38876 US 19 N. STE 13 **38876 US 19 N. STE 13**
TARPON SPRINGS FL 34689 **TARPON SPRINGS FL 34689**

2. Principal Place of Business **3. Mailing Address**
1429 U.S. 19, Holiday FL 34689 *(P.O. Box 231)*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Holiday, FL *Palm Harbor FL.*
Zip **Country** **Zip** **Country**
34689 *U.S.A.* *34682* *U.S.A.*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SLONE, PHILIP
38876 US 19 N, STE 13
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1429 U.S. 19,
City **State** **Zip Code**
Holiday **FL** *34689*

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 *Phil Slone President* *4/29/02*
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	DPVS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONE, PHILIP	NAME	<i>1429 U.S. 19, Holiday, FL. 34689</i>
STREET ADDRESS	38876 US 19 N, STE 13	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *PHILIP SLONE* *4/29/02* *727 942 2761*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)