

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-05-2004 90228 050 ***150.00

2004 UNIFORM BUSINESS REPORT (UBR)

5/5/

DOCUMENT# P03000087839
 1. Entity Name
GREEN LEAVES LANDSCAPING, INC.

Principal Place of Business 18435 HEATHER RD. FT. MYERS FL 33912	Mailing Address P. O. BOX 07394 FT. MYERS FL 33912
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66428537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9838 BERNWOOD PLACE DRIVE	3. Mailing Address
Suite Apt. #, etc. 306	Suite, Apt. #, etc.

City & State FORT MYERS	City & State
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4. FEI Number 20-0146671	Applied For <input type="checkbox"/> Not Applicable
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Zip 33912	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DE PAULO, MARCOS
9838 BERNWOOD PLACE DR., #306
FT. MYERS FL 33912

7. Name and Address of New Registered Agent
 Name **TAX HOUSE CORPORATION**
 Street Address (P O. Box Number is Not Acceptable)
11601 S CLEVELAND AVE SUITE 6
 City **FORT MYERS** FL Zip Code **33907**

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

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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE PAULO, MARCOS 9838 BERNWOOD PL, DR., #306 FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT Date **04/24/2004** (239) 931-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #