2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 07, 2002 8:00 am Secretary of State P92000002883 DOCUMENT # 1. Entity Name PELTON'S LANDSCAPING SERVICE, INC. 02-07-2002 90070 028 ***150.00 Principal Place of Business Mailing Address P O BOX 560912 P O BOX 560912 porting / MIAMI FL 33256-0912 MIAMI FL 33256-0912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0368619 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONALD W PELTON III Street Address (P.O. Box Number is Not Acceptable) 8300 SW 116 TERR MIAMI FL 33156 Zip Code FL registered office or registered agent, or both, in the State of Florida. 8. The above name 1-18-2002 SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE PELTON, DONALD W III NAME NAME 8300 SW 116TH TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 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 attachme with an address

Date

FILED