

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90187 024 ***150.00

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DOCUMENT # P94000055127

1. Entity Name
TRUGREEN LANDSCAPE DEVELOPMENT, INC.



Principal Place of Business

5499 SW 40TH ST
DAVIE FL 33314
US

Mailing Address

5499 SW 40TH ST
DAVIE FL 33314
US



2. Principal Place of Business

4130 SW 53 AVE

Suite, Apt. #, etc.

DAVIE FL 33314

City & State

3. Mailing Address

13550 Deer Creek Drive

Suite, Apt. #, etc.

City & State

Palm Bch Gardens FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0507696

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KLINE, CHRIS
5499 SW 40TH ST
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Kline, Chris

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

13550 Deer Creek Drive

City
Palm Bch Gardens

FL

Zip Code

33418

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KLINE, CHRIS
5499 SW 40TH ST
DAVIE FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kline, Chris
13550 Deer Creek Drive
Palm Bch Gardens, FL 33418

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03 954-240-4642

CR2E034 (10/02)