

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90122 034 \*\*\*150.00

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**DOCUMENT # P99000018425**

1. Entity Name  
**FLORIDA IMAGE LANDSCAPING, INC.**



Principal Place of Business  
**1178 PITUSA COURT. APT. A  
WEST PALM BEACH FL 33415**

Mailing Address  
**1178 PITUSA COURT. APT. A  
WEST PALM BEACH FL 33415**

**30043667**



2. Principal Place of Business  
**1894 Anderson Lane**

3. Mailing Address  
**1894 Anderson Ln.**

CHECK HERE IF MAKING CHANGES

City & State  
**Palm Springs, FL**  
Zip  
**33406**  
Country  
**USA**

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**Palm Springs, FL**  
Zip  
**33406**  
Country  
**USA**

4. FEI Number  
**65-0911258**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REITER, SCOTT D  
1178 PITUSA COURT, APT. A  
WEST PALM BEACH FL 33415**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1894 Anderson Lane**  
City **Palm Springs** **FL** Zip Code **33406**

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 *Scott D. Reiter*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/18/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	REITER, SCOTT	1178 PITUSA COURT, APT. A	WEST PALM BEACH FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Scott D. Reiter	1894 Anderson Lane	Palm Springs, FL 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER	Melissa E. Reiter	16859 84th Ct. N.	Loxahatchee, FL 33470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Jacqueline S. Reiter	1894 Anderson Lane	Palm Springs, FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Jacqueline S. Reiter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/19/03** (561) 967-7756  
Daytime Phone #

CR2E094 (10/02)