

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 022 ***150.00

DOCUMENT # **P99000066662**

1. Entity Name

Sound Landscaping, Inc.



DO NOT WRITE IN THIS SPACE

94060229

2. Principal Place of Business

6720 MASS AVE -

3. Mailing Address

7505 BREEZEWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N.P.R. FL

City & State

Port Richey Florida

4. FEI Number

59-3587290

Applied For

Not Applicable

Zip

Country

PASCO

Zip

34668

Country

PASCO

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD E WILKINS

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

7505 BREEZEWOOD CT

City

P.R.

FL

Zip Code

34668

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD E WILKINS 7505 BREEZEWOOD CT P.R. FL 34668 PRES.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. AMY GILBERT 7505 BREEZEWOOD CT. P.R. FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)