

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91503 035 ***150.00

DOCUMENT # V25936

1. Entity Name

PERSICA LAWN & LANDSCAPING CO., INC.

Principal Place of Business

**1703 BAUM RD
TALLAHASSEE FL 32311
US**

Mailing Address

**1703 BAUM RD
TALLAHASSEE FL 32311
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32317

Country

Zip

32317

Country

4. FEI Number

59-3114984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARIMPOUR, GHOLAM REZA
1348 CONSERVANCY DR E
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	D	☐ Delete
NAME	KARIMPOUR, GHOLAM REZA	
STREET ADDRESS	2433 MILL CREEK CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ Delete
NAME	KARIMPOUR, MASOUD	
STREET ADDRESS	2433 MILL CREEK CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ Delete
NAME	MOGHADDAM, ASHRAF K	
STREET ADDRESS	2433 MILL CREEK CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1703 Baum Rd	
CITY-ST-ZIP	Tall, FL 32317	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1703 Baum Rd	
CITY-ST-ZIP	Tall, FL 32317	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1703 Baum Rd.	
CITY-ST-ZIP	Tall, FL 32317	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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 #

CR2E034 (9/01)