### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: NORMAN D GAULDING

Electronic Signature of Signing Officer/Director Detail

## Entity Name: WINTER PARK LANDSCAPE MANAGEMENT, INC. **Current Principal Place of Business:**

1351 HOBSON ST LONGWOOD, FL 32750

#### **Current Mailing Address:**

1351 HOBSON ST LONGWOOD, FL 32750 US

DOCUMENT# P0000080065

#### FEI Number: 59-3667384

#### Name and Address of Current Registered Agent:

GAULDING, NORMAN 1351 HOBSON ST LONGWOOD, FL 32750 US

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: NORMAN GAULDING

Electronic Signature of Registered Agent

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#### **Officer/Director Detail :**

Title	PRES
Name	GAULDING, NORMAN D
Address	1351 HOBSON STREET
City-State-Zip:	LONGWOOD FL 32785

Feb 01, 2020 Secretary of State 1939948220CC

Certificate of Status Desired: No

02/01/2020 Date

Date

02/01/2020

# FILED