

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 021 ***150.00

DOCUMENT # 005759 ✓
1. Entity Name
Naples Landscape Company, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1070 INDUSTRIAL Blvd
Suite, Apt. #, etc.

3. Mailing Address
1070 INDUSTRIAL Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59 1871995

Applied For
Not Applicable

Zip
34104

Country
US

Zip
34104

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Bruce Quayle
Street Address (P.O. Box Number Not Acceptable)
1070 INDUSTRIAL Blvd
City Naples FL Zip Code 34104

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 Bruce Quayle Bruce Quayle 1 May 02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>BRUCE QUAYLE, V.P.T.S -</u> <u>1070 INDUSTRIAL Blvd</u> <u>Naples, FL 34104</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Bruce Quayle 1 May 02 (941) 643-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)