

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90038 012 ***150.00

DOCUMENT # 636048

1. Entity Name
B & L LANDSCAPE COMPANY, INC.



Principal Place of Business
**7748 SPANER RD
POB 24384
JAX FL 32241
US**

Mailing Address
**7748 SPANER ROAD
PO BOX 24384
JACKSONVILLE FL 32256-1440**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1938351**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LEPRELL, SAMUEL L
1300 GULF LIFE DR
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	EVP	☐ Delete
NAME	WURSTER, MELVIN E	
STREET ADDRESS	12111 CATTAIL DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	P	☐ Delete
NAME	WURSTER, DOROTHY L	
STREET ADDRESS	12111 CATTAIL DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VSA	☐ Delete
NAME	WURSTER, KIRK E.	
STREET ADDRESS	2757 LACITO CREEK DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	☐ Delete
NAME	WURSTER, MELVIN E	
STREET ADDRESS	12111 CATTAIL DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	☐ Delete
NAME	WURSTER, DOROTHY L	
STREET ADDRESS	12111 CATTAIL DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)