

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90055 043 ***150.00

0464166 AV

DOCUMENT # 653868

1. Entity Name

BILL'S LANDSCAPING, INC.

Principal Place of Business

**14448 OLIVER ST.
 LARGO FL 34644**

Mailing Address

**14448 OLIVER ST.
 LARGO FL 34644**

NEW ADDRESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8018 SMOKETREE CT.

3. Mailing Address

8018 SMOKETREE CT.

Suite, Apt. #, etc.

LARGO, FLA.

Suite, Apt. #, etc.

LARGO, FLA.

City & State

City & State

4. FEI Number

59-1973149

Applied For

Not Applicable

Zip

33113

Country

USA

Zip

33113

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMA, FLORENCE M.
 14428 OLIVER ST.
 LARGO FL 33542**

NO MORE

7. Name and Address of New Registered Agent

Name **FREDERIK P. THOMA**

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

8018 SMOKETREE CT

City

LARGO

FL

Zip Code

33113

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 **FREDERIK P. THOMA, PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Frederik P. Thoma 3-4-02

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	PD	<input type="checkbox"/> Delete
NAME	THOMA, FREDERIK P	
STREET ADDRESS	8018 SMOKETREE CT.	
CITY-ST-ZIP	LARGO FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	THOMA, FLORENCE M.	
STREET ADDRESS	14448 OLIVER ST.	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMA, SANDRA	
STREET ADDRESS	8010 SMOKETREE CT	
CITY-ST-ZIP	LARGO FL 33113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **FREDERIK P. THOMA, PRES.** *Frederik P. Thoma 3-4-02 727-595-7539*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)