

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90093 017 \*\*\*158.75

**DOCUMENT # F02000000275**

1. Entity Name  
**LA SALLE LANDSCAPING, INC.**



Principal Place of Business  
**6610 BLUE BAY CIRCLE  
LAKE WORTH FL 33467**

Mailing Address  
**6610 BLUE BAY CIRCLE  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

**7711 Groves Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples FL**

Zip

Country

Zip

Country

**34109**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-1817332**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTAMARIA, CAROLYN  
6610 BLUE BAY CIRCLE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

**Janice Cuttitta**

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

**7711 Groves Road**

City

**Naples**

**FL**

Zip Code

**34109**

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 **Janice Cuttitta** **JANICE CUTTITTA, DIR. 3-3-03**  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CUTTITTA, CAROLYN</b>	
STREET ADDRESS	<b>6610 BLUE BAY CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CUTTITTA, JOAN</b>	
STREET ADDRESS	<b>7711 GROVES RD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUTTITTA, JANICE</b>	
STREET ADDRESS	<b>7711 GROVES RD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Santamaria, Carolyn</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>
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	

CR2E034 (10/02)

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: **Janice Cuttitta** **JANICE CUTTITTA, Dir. 3-3-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #