2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)							FILED			
DOCUMENT # F32983 1. Entity Name							Apr 09, 2002 8:00 am Secretary of State			
•	Y LANDSCAPE, INC).					04-09-2002 90015 0			
Principal Place of Business 6009-15TH STREET EAST BRADENTON FL 34203 US			Mailing Address 6009-15TH STREET EAST BRADENTON FL 34203 US)		
Principal Place of Business 3. Mailing Address)	 	NE BENEF LAND	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e,		City & State			4. F	El Number 59-2260336		plied For t Applicable	
Zip	Country		Zip Count		try	5. C	ertificate of Status Desired	\$8.75 Addi	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
LEHNIK DONALD					Name					
LEUNK, RONALD 6009-15TH STREET EAST					Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)			
	ON FL 34203									
					City	**	F	Zip Code)	
8. The above	named entity submits this s	tatement for the	purpose of changing its	registere	L ed office or reg	istered age	ent, or both, in the State of Florida.	<u>.</u>		
SIGNATURE	Signature, typed or printed name of re	gistered agent and tit	e if applicable. (NO	E: Registere	d Agent signature re	quired when rei	instating) DAT	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 200 Make Check Payab					will be \$550.		10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFI	CERS AND DIRI	ECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEUNK, RONALD 2014 84TH ST CIR NW BRADENTON FL 34209		☐ Delete	Н	- 1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIKKEMA, RONALD 1903 91ST ST NW BRADENTON FL 34209		☐ Delete	II II				☐ Change	Addition	
TITLE			☐ Delete	TITL	E		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		II II	ET ADDRESS -ST-ZIP	<u>.</u> .		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	II II	I .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	ll l	1	· ·	,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Delete	ll ll	į.			☐ Change	Addition	
13. I hereby indicated of the co	d on this report or supplemen	ntal report is true rustee empowei	e and accurate and that red to execute this repor	or the exe my signa t as requi	mption stated	the same I	119.07(3)(i), Florida Statutes. I further egal effect as if made under oath; tha da Statutes; and that my name appea	it i am an officer	or arrector	

SIGNATURE:

ye required

941-153-8225 Daytime Phone #