

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 90557 003 ***150.00

DOCUMENT # G95815

1. Entity Name

THOMAS DESIANO LANDSCAPING & LAWN MAINTENANCE, I NC.

Principal Place of Business

**% THOMAS DESIANO
 5500 NW 50TH AVENUE
 COCONUT CREEK FL 33073**

Mailing Address

**% THOMAS DESIANO
 5500 NW 50TH AVENUE
 COCONUT CREEK FL 33073**

2. Principal Place of Business

6348 Via Primo St.

3. Mailing Address

PO BOX 970316

Suite, Apt. #, etc.

Lake Worth, FL

Suite, Apt. #, etc.

City & State

Coconut Creek

City & State

Lake Worth, FL

Zip

33467

Country

FL

Zip

FL 33097

Country

Broward

4. FEI Number

12-2440696

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DESIANO, THOMAS
 2216 NOVA VILLAGE DRIVE
 DAVIE FL 33317**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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) ☐

**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	DESIANO, THOMAS	
STREET ADDRESS	5500 NW 50TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	DESIANO, THOMAS	
STREET ADDRESS	5500 NW 50TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIANO, THOMAS	
STREET ADDRESS	PO BOX 970316	
CITY-ST-ZIP	Coconut Creek FL 33097	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIANO, THOMAS	
STREET ADDRESS	PO BOX 970316	
CITY-ST-ZIP	Coconut Creek FL 33097	
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:

Thomas Desiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (9/01)