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

## **FILED** Jul 18, 2005 8:00 am Secretary of State

07-18-2005 90047 035 \*\*\*150.00

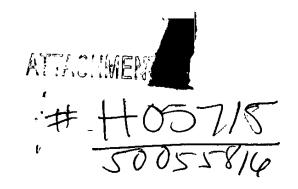
L	OCUMENT	#	17	OO	/	/ン	
4	Entity Namo						

W.T.'S LAWN & POOL SGRUICE INC.



DO NOT WRITE IN THIS SPACE							50055816			
2. Principal Place of Business 6379-1 BAY COUB OR 6379-1 BAY CO					a DR.		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State  FT. LAUDER DALE		City & State FLORIDA		<b>4</b> . FE	El Number 59-2424875 Applied For Not Applicable					
33308 BROWARD		<sup>zi</sup> ,33308	BR	ntry DWARD		Certificate of Status Desired   \$8.75 Additional Fee Required				
					Name		me and Address of Current Registered Agent			
IN THIS SPACE			<del></del>	Street Address	379-	OX Number is Not Acceptable)  OX Number is Not Acceptable)  OR-				
					City FT. L'AUDGROAZE FL 33308					
		ity submits this statement for stered agent.	the purpose of changing	j its register	ed office or regist	tered age	ent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE .	SIGNATURE Signature, typed of Einhed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  DATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
		o Florida Department of	<del></del>				Added to rees			
10.		OFFICERS AND E LIAM R. SCHA	NOGN PRE	5 <b>3</b> 6 m	F I	<u></u>				
NAME	4/20	79-1 BAY CL4	B DRIVE	NAM						
STREET ADDRESS CITY-ST-ZIP	FOR	TLAUDERDALE	FL . 33308	STR CITY	EET ADDRESS -ST-ZIP					
TITLE NAME	TIMO	THY P. SCHENDE 6 N.W. LSTH A	N V. PRE	ST TITL	1					
STREET ADDRESS CITY-ST-ZIP	CORK	ILSDRINGS, FL	33087		EET ADDRESS '-ST-ZIP					
TITLE NAME	JUNG A	L. SCHENDEN	S <i>6</i> C	_	1					
STREET ADDRESS	1	-1 BAY CLUB		NAM STR	EET ADDRESS					
CITY-ST-ZIP	FORT	LAUDORDALE,	FL. 33308	CITY	'-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO NOT WRITE			
TITLE				TITL	" I		IN THIS SPACE			
NAME STREET ADORESS				NAN STR	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE				THIL	E					
NAME STREET ADDRESS				NAN	- 1					
CITY - ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE	1			TITL	E					
NAME				NAN	4					
STREET ADDRESS CHY-SI-ZIP				<b>1</b>	EET ADDRESS -ST-ZIP					
5 5. Ell	L				VI EH					

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 on an attachment with an address, with all other like empowered.



W.T. LANDSCAPE MAINTENANCE 6379-1 BAY CLUB DRIVE FT. LAUDERDALE, FL 33308

JMP

Request taken by: Isellers 07-01-2005

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

I AM SONDING A CHOCK FOR \$150.00

BECAUSE I NOVER RECEIVED THE ORIGINAL
FORM. I HAVE BEEN!NBUSINESS FOR
OVER 20 YEARS IN FLORIDA AND NEVER MISSED
A FILING.

THANK YOU,