

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71932

1. Entity Name
SOUTHERN LANDSCAPING MATERIALS, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90222 044 ***150.00

00025507



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O DOUGLAS A. EASTON 14025 S.R. 54 ODESSA FL 33556 US		Mailing Address C/O DOUGLAS A. EASTON 14025 S.R. 54 ODESSA FL 33556 US		<div style="font-size: 2em; font-weight: bold;">00025507</div> <p>DO NOT WRITE IN THIS SPACE</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2575873 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EASTON, DOUGLAS A. 522 RANCH RD TARPON SPRINGS FL 34689				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!!-FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, DOUGLAS A.		NAME	Easton, Douglas A.	
STREET ADDRESS	522 RANCH RD		STREET ADDRESS	522 Ranch Road	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVENSTADT, DEBRA		NAME	Eisenstadt, Deborah	
STREET ADDRESS	5421 BEAUMONT CENTER BLVD STE 630		STREET ADDRESS	5111 Memorial Hwy.	
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>			3-122 813-920-7169 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

0624760

CR2E034 (10/00)