## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State H80017 DOCUMENT # 1. Entity Name R. WILLIAMSON LANDSCAPE CONSTRACTORS, INC. 04-23-2002 90435 024 \*\*\*150 Principal Place of Business Mailing Address 3725 KEYSTONE RD. 3725 KEYSTONE RD. TARPON SPRINGS FL 34689-9427 TARPON SPRINGS FL 34689-9427 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2758261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMSÕN, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 3725 KEYSTONE RD. TARPON SPRINGS FL 33589 City Zip Code 8. The above named entity spomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida XROBERT M. WILLIAMSON PRESIDENT/ OWNER 4/12/02 SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 =10.-Election Campaign Financing \$5:00:May-Be-Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMSON, ROBERT M. NAME NAME 3725 KEYSTONE RD STREET ADDRESS STREET ADDRESS tarpon springs fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 receive of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IQURED ROBERT M. WILLIAMSON PRESIDENT / OWNER

Date

FILED

Daytime Phone #