

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90173 035 ***150.00

DOCUMENT # J18947

1. Entity Name
YOUNG'S LANDSCAPE & IRRIGATION, INC.

Principal Place of Business

524 GULF BAY RD
 LONGBOAT KEY FL 34228

Mailing Address

C/O WALTER SANDERS
 13910 N. DALE MABRY, SUITE 1
 TAMPA FL 33618-2440
 US

2. Principal Place of Business

3. Mailing Address

3355 Bears Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, Florida

4. FEI Number

59-2685889

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER
 13910 NORTH DALE MABRY HWY, SUITE 1
 BLDG 107 B
 TAMPA FL 33618

Name *Walter Sanders*

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

3355 Bears Ave

City

Tampa

FL

Zip Code
33618

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 *Walter Sanders* *Walter Sanders*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/00
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP**
 YOUNG, LESLIE JOHN
 STREET ADDRESS **524 GULF BAY RD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
 YOUNG, LISA
 STREET ADDRESS **524 GULF BAY RD**
 CITY-ST-ZIP **LONGBOAT FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: *Leslie J. Young* **LESLIE J. YOUNG** *3-31-00* *941-383-2182*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)