

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90039 045 \*\*\*150.00

0476591 AV

**DOCUMENT # J29305**

1. Entity Name

**BOHICA PROFESSIONAL LANDSCAPING, INC.**

Principal Place of Business

**101 OAK CREST  
WINTER HAVEN FL 33881  
US**

Mailing Address

**PO BOX 1784  
P.O. BOX 1784  
WINTER HAVEN FL 33882  
US**

2. Principal Place of Business

**1507 Bass Circle**

Suite, Apt. #, etc.

3. Mailing Address

**15880 Summerlin Rd #300**

Suite, Apt. #, etc.

**PMB 138**

City & State

**Fort Myers, FL**

Zip

**33919**

Country

**Lee**

City & State

**Fort Myers, FL**

Zip

**33908**

Country

**Lee**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2713362**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUBBARD NATALIE  
209 26 STREET S.W.  
WINTER HAVEN FL**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HUBBARD NATALIE**  
STREET ADDRESS **209 26TH ST SW**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **President** ☐ Change ☐ Addition  
NAME **Natalie Bootes**  
STREET ADDRESS **1507 Bass Circle**  
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **S** ☒ Delete  
NAME **ROUNDS, SHELIA**  
STREET ADDRESS **16 CRYSTAL WATER DR**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (9/01)

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: **Natalie E Bootes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-02 941-481-7319**  
Date Daytime Phone #