## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am **DOCUMENT # J34982 Secretary of State** 06-04-2001 90018 012 \*\*\*150.00 KING'S LANDSCAPING & SOD OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 1134 PONDELLA ROAD 1134 PONDELLA ROAD 00057489 N. FT. MYERS FL 33903 N. FT.MYERS FL 33903 lus 2. Principal Place of Business 3. Mailing Address TICE St. TICE <u>5552</u> 5552 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2728740 City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESKIN, HAROLD, PA Street Address (P.O. Box Number is Not Acceptable) 1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE \_ ignature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2( )1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition **VSD** TITLE ☐ Delete TITLE KING, SCOTT E. MAME NAME STREET ADDRESS STREET ADDRESS 1406 S.E. 20TH CT. CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL Change Addition PTD TITLE ☐ Delete TITLE KING, KENNETH J. NAME NAME 205 SW 44TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE MAME 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 r y 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 is 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 AND TYPED OR PRINTED NAME OF AIGNING OFFICER IR DIRECTOR

Date Daytime Phone #