2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51492 1. Entity Name

INNOVATIVE LANDSCAPING, INC.

Principal Place of Business

Mailing Address

13590 83RD LANE NORTH WES US

13590 83RD LN NORTH

Apr 14, 2000 8:00 am Secretary of State 04-14-2000 90084 045 ***150.00

WEST PALM BCH FL 33412 US 2. Principal Place of Business		US 3. Mailing Address		i taguila aine aine		8(4)/ B(B)(#)B)	ı Atāti indi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DC	NOT WRITE IN THIS SE	PACE		
City & State		City & State		4. FEI Number 59	-2760083		plied For t Applicable	
Zip Country		Zip	Country	5. Certificate of Status	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent				
1359	ES, ALLAN PETER 30 83RD LN NORTH 5T PALM BCH FL 33412		Name Street Addres	(P.O. Box Number is Not a	Acceptable)			
			City		FL	Zip Code	e	
Tax filing :	Signature, typed or printed name of registered agenoration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOV	OTE: Registered Agent signature requiville FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of S	10. Election Ca Trust Fund	DATE Impaign Financing Contribution.		0 May Be to Fees	
11.	OFFICERS AND	D DIRECTORS	12.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, ALLAN PETER 13590 83RD LN NORTH WEST PALM BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JONES, JO ICKES 13590 83RD LN NORTH WEST PALM BCH FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #