2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

171060

ISLAMORADA FL 33036

City & State

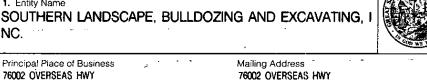


04-14-2003 90918 046 ***150.00

FILED

Apr 14, 2003 8:00 am Secretary of State

Entity Name SOUTHERN LANDSCAPE, BULLDOZING AND EXCAVATING, NC.	1	



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	C aucau ucar u

ISLAMORADA FL 33036

City & State



CHECK	HERE	IF	MAKING	CHANGES

DATE

Zìp	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Nam	e and Address of Cu	rrent Registered Agent			7. Name and Address of New Ro	egistere	d Agent
Warner, Richard 2975 Overseas HV				Name Street Address (P.O. Box Number is Not Acceptable	1	
MARATHON FL 3309	50			City			Zip Code

B.	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.	I am familiar with, and acc	cept
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

ADI2	ΙΔΤΙ	IIR	F	

FILE NOV	V!!! FEE	IS \$150.00

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

After May 1, 2003 Fee will be \$550.00

9.	Election Campaign Financing
	Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check	k Payable to Florida Department of State				mast ratio continuation.	_ /10000	1.0 1 000
10.	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GASSER, ARTHUR S. 200 INDUSTRIAL DR ISLAMORADA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GASSER, LAURA 200 INDUSTRIAL DRIVE ISLAMORADA FL	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- 7IP		W - W - W - W - W - W - W - W - W - W -	☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

