## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State J89509 DOCUMENT # 1. Entity Name 05-21-2002 91202 013 \*\*\*150.00 A TO Z LANDSCAPING OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 325 LEAH MILLER OR 325 LEAH MILLER DR FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2834639 Not Applicable Zip Country Zip Country \$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 ZISHKA, ALLAN D. Street Address (P.O. Box Number is Not Acceptable) 325 LEAH MILLER DRIVE FT. WALTON BEACH FL 32548 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 🚄 🚅 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME ziskha. Allan D. NAME 920 POCAHONTAS STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ■ Addition TITLE ZISHKA, AMY M NAME NAME 1495 HICKORY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLÉ. TITLE NAME 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 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.

**FILED**