

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K44539**

1. Entity Name
SKI'S LANDSCAPING & NURSERY, INC.



**FILED
Jan 06, 2003 8:00 am
Secretary of State**

01-06-2003 90079 025 ***150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business
218 NORTH DEAN ROAD
ORLANDO FL 32825
US

2. Principal Place of Business
218 N. DEAN ROAD
Suite, Apt. #, etc.

3. Mailing Address
218 N. DEAN ROAD
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip **32825** Country **USA**

City & State
ORLANDO, FLORIDA

Zip **32825** Country **USA**

4. FEI Number **59-2917409**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIKORSKI, MICHAEL D
218 NORTH DEAN ROAD
ORLANDO FL 32825

Name **Michael D. SIKORSKI**

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

218 N. DEAN ROAD

City **ORLANDO, FLORIDA** FL Zip Code **32825**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael D. Sikorski*

1-2-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIKORSKI, MICHAEL D. 218 NORTH DEAN ROAD ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Michael D. Sikorski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)