

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-06-2003 90079 025 ***150.00

DOCUMENT # K44539

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



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

Mailing Address
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

City & State
ORLANDO, FLORIDA

4. FEI Number **59-2917409**

Applied For
Not Applicable

Zip
32825

Country
USA

Zip
32825

Country
USA

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

7. Name and Address of New Registered Agent

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

TITLE
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☐ Change ☐ Addition

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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)