

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91313 006 ***150.00

DOCUMENT # K63520



1. Entity Name
OAKLEY LANDSCAPING, INC.

Principal Place of Business
**5633 NUTMEG AVE
SARASOTA FL 34231
US**

Mailing Address
**5633 NUTMEG AVE
SARASOTA FL 34231
US**

11064743



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0097967** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY T. OAKLEY
5633 NUTMEG AVE
SARASOTA FL 34231**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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	P <input type="checkbox"/> Delete
NAME	OAKLEY, GARY T.
STREET ADDRESS	5633 NUTMEG
CITY-ST-ZIP	SARASOTA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	BURR, RANDALL
STREET ADDRESS	2906 VINSON AVENUE
CITY-ST-ZIP	SARASOTA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	DYER, JEFF
STREET ADDRESS	3618 ALOHA DRIVE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	SIMMONS, WILLIE
STREET ADDRESS	1206 DR ML KING PL
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gary Oakley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 941-346-1654
Date Daytime Phone #

CR2E034 (10/02)