FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Amended K92097

1. Entity Name

Pensacola Landscape & Irrigation Contractors, Inc.

FILED

02 SEP -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3025 Palm Strret	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Gulf Breeze	
City & State: FL	City & State
Zip: 32563 Country: Santa Rosa	Zip Country

4. FEI Number: 592-96-2381 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Stanley R. Roose

Street Address (P.O. Box Number is Not Acceptable): 3025 Palm Street

City: Gulf Breeze , FL Zip Code: 32563

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 _____ 8-6-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/ Secretary
NAME	Stanley R. Roose
STREET ADDRESS	3025 Palm Street
CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

8-6-02

DATE