# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000455

1. Entity Name
NAT'S IRRIGATION & LANDSCAPING, LC

FILED
01 JUL -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000450 9 AF

| Principal Place of Business | Mailing Address |
|---|---|
| 1375 LAKE DRIVE<br>CASSELBRRY FL 32707 | 1375 LAKE DRIVE<br>CASSELBRRY FL 32707 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1375 Lake Drive | 1375 Lake Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Casselberry | City & State: Casselberry |
| Zip: 32707 Country: USA | Zip: 32707 Country: USA |

4. FEI Number 59-3623110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SLOMOWICZ, NUTEK<br>1375 LAKE DRIVE<br>CASSELBRRY FL 32707 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE Nutek Slomowicz 5 1 01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

900004475639--4
-07/16/01--01004--027
*****50.00 *****50.00

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>NUTEK SLOMOWICZ<br>1375 LAKE DR<br>CASSELBERRY FL. 32707 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nutek Slomowicz 5 1 01 407 399 7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #