

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90078 024 ****55.00

DOCUMENT # L01000000306

1. Entity Name

ENHANCED LANDSCAPE, L.L.C.

Principal Place of Business

~~710 SW 11TH AVE.~~
~~CAPE CORAL FL 33991~~

Mailing Address

~~710 SW 11TH AVE.~~
~~CAPE CORAL FL 33991~~

2. Principal Place of Business

924 N.E. 24th LN.

Suite, Apt. #, etc.

Unit 1

3. Mailing Address

924 N.E. 24th LN.

Suite, Apt. #, etc.

Unit 1

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33909

Country

USA

Zip

33909

Country

USA

4. FEI Number

65-1080835

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROTHERMEL, WILLIAM DELL~~
~~710 SW 11TH AVE.~~
~~CAPE CORAL FL 33991~~

7. Name and Address of New Registered Agent

Name

Marl Lomax Wallace

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

1722 S.W. 45th Street

City

CAPE CORAL

FL

Zip Code

33914

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

Marl Lomax Wallace

(NOTE: Registered Agent signature required when reinstating)

4-25-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|--------------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete |
| NAME | ROTHERMEL, WILLIAM DELL | |
| STREET ADDRESS | 710 SW 11TH AVE. | |
| CITY-ST-ZIP | CAPE CORAL FL 33991 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | WALLACE, MARL LOMAX | |
| STREET ADDRESS | 3219 GLASGOW CIR. | |
| CITY-ST-ZIP | BIRMINGHAM AL 35242 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|---|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wallace, Marl Lomax | |
| STREET ADDRESS | 1722 S.W. 45th Street | |
| CITY-ST-ZIP | Cape Coral, FL 33914 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Marl Lomax Wallace

4-25-02 (239) 458-9690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)