

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90065 023 \*\*\*\*50.00

**DOCUMENT # L01000015556**

1. Entity Name

**ROYAL GARDENS LAWN & LANDSCAPE, LLC**

Principal Place of Business

**3726 OLD WINTER GARDEN ROAD  
 ORLANDO FL 32805**

Mailing Address

**3726 OLD WINTER GARDEN ROAD  
 ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3744770**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C  
 200 W. FIRST ST., SUITE 22  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **BRIAN HUFFMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11001 MOON CREST LANE**  
 City **LEESBURG** FL Zip Code **34786**

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

*Brian Huffman*

**2/12/02**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES.** ☐ Delete  
 NAME **BRIAN HUFFMAN**  
 STREET ADDRESS **11001 MOON CREST LANE**  
 CITY-ST-ZIP **LEESBURG FL 34786**

TITLE **SECRETARY** ☐ Delete  
 NAME **BARBARA HUFFMAN**  
 STREET ADDRESS **11001 MOON CREST LANE**  
 CITY-ST-ZIP **LEESBURG FL 34786**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Brian Huffman* **Brian Huffman** **2-7-02 (407)292-8712**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)