

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90189 043 \*\*\*\*\*55.00

**DOCUMENT # L02000019820**

1. Entity Name  
**ON WHEEL'S LANDSCAPING LLC**



Principal Place of Business

**MARTEX DR.  
1013  
APOPKA FL 32703**

Mailing Address

**MARTEX DR.  
1013  
APOPKA FL 32703**

2. Principal Place of Business

**2360 VIRGINIA DR.  
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 161001  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**32714**

Country

**SEMINOLE**

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**32716 - 1001**

Country

**SEMINOLE**

4. FEI Number

**41-2054711**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**YORDAN, LILLIAN  
448 JORDAN STUART CIR  
APT 204  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name  
**Yordan, Lillian**  
Street Address (P.O. Box Number is Not Acceptable)  
**2360 VIRGINIA DR.**  
City  
**ALTAMONTE SPRINGS** **FL** Zip Code  
**32714**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RIVERA, JOSE V SR. 1013 MARTEX DR. APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAYMI, ROBERTO SR. 448 JORDAN STUART CIR. APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YORDAN, LILLIAN T SRA. 448 JORDAN STUART CIR. APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAYMI, MARIA L SRA. 1013 MARTEX DR. APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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:** *Lillian Yordan* **Member**

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

**4/25/03**

Date

**(407) 252-5490**

Daytime Phone #

CR2E083 (10/02)

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