2002 UNIFORM BUSINESS REPORT (UBR)

1 27/100

DOCUMENT #

FILED Feb 05, 2002 8:00 a Secretary of State

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1. Entity Name HORTICARE LANDSCAPE, INC.						02-05-2002 90076 049 ***150.00				
Principal Place of Business Mailing Address 3155 66TH ST SW 3155 66TH ST SW NAPLES FL 34105 NAPLES FL 34105 US										
2. Principal F	Principal Place of Business 3. Mailing Address		- I (COLHOIS DIE 130M IONN BONN BONN BONN BONN BIRN BIRN BIRN BIRN BIRN BIRN BIRN BI							
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te	City & State		4. 1	65-0156245			oplied For ot Applicable		
Zip	Country	Zip	Countr	у	5. (Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent			7. 1	Name and Address of New R	egistered A	gent		
	u abroadu b		- }	Name					,	
JOHNSON, GREGORY B 3155 66TH ST SW				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES F	FL 34105								į	
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its rec	gistered	d office or regis	tered ag	ent, or both, in the State of Flo	rida.			
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTF: Re	egistered .	Agent signature requ	ired when re	sinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After May 1, 2002 Fee Make Check Payable to I		Fee w	rill be \$550.00		- 10. Election Campaign Fin. Trust Fund Contribution			May Be		
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PVP JOHNSON, GREGORY B. 6055 26TH AVE SW NAPLES FL	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAPP, BETTE J 3155 66TH ST. SW NAPLES FL	□ Delete	TITLE NAME STREET	r address St-zip				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		· .		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	□ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		· ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-S					☐ Change	Addition	
13. I hereby o	certify that the information supplied with t	his filing does not qualify for the	e exem	ption stated in	Section 1	119.07(3)(i), Florida Statutes. I	further certif	ly that the ir	nformation	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _