

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90046 033 ***158.75

DOCUMENT # L85537

1. Entity Name
BREAKING GROUND LANDSCAPE DESIGN, INC.

Principal Place of Business
**7777 N. UNIVERSITY DR.
 SUITE 206
 TAMARAC FL 33321**

Mailing Address
**7777 N. UNIVERSITY DR.
 SUITE 206
 TAMARAC FL 33321**

2. Principal Place of Business
10053 N.W. 47th Street

3. Mailing Address
10053 N.W. 47th Street

Suite, Apt. #, etc.

City & State
Coral Springs, Florida

City & State
Coral Springs, Florida

Zip
33076

Country
USA

4. FEI Number
65-0209446

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, GARY T.
 7777 N. UNIVERSITY DR.
 SUITE 206
 TAMARAC FL 33321**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**CPM
 MORAN, GARY T.
 10053 N.W. 47TH ST.
 CORAL SPRINGS FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VD
 MORAN, PATRICIA J.
 10053 N.W. 47TH ST.
 CORAL SPRINGS FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**ST
 MORAN, PATRICIA J.
 10053 N.W. 47TH ST.
 CORAL SPRINGS FL 33067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 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: Gary T. Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2002 (954) 341-8669

Date Daytime Phone #

0209035 AV

CR2E034 (9/01)