## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## May 22, 2002 8:00 am Secretary of State DOCUMENT # L9900003247 1. Entity Name 05-22-2002 90200 023 \*\*\*\*50.00 NATURE'S WAY LANDSCAPES OF NAPLES, L.L.C. Principal Place of Business Mailing Address 5231 MAHOGANY RIDGE DR. 5231 MAHOGANY RIDGE DR. NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite, Apt. #, etc.-DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3580064 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HULL, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 5231 MAHOGANY RIDGE DR. NAPLES FL 34119 City 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) FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE (9/01)☐ Change Addition NAME VAN STONE, MONIKA B NAME STREET ADDRESS 9155 GULFSHORE DRIVE, SUITE 602 STREET ADDRESS CR2E083 CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME HULL, ROBERT R NAME 9155 GULFSHORE DRIVE, SUITE 602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

Daytime Phone #