

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90022 024 \*\*\*\*50.00

**DOCUMENT # L99000003247**

1. Entity Name

**NATURE'S WAY LANDSCAPES OF NAPLES, L.L.C.**



Principal Place of Business

Mailing Address

**5231 MAHOGANY RIDGE DR.  
NAPLES FL 34119**

**5231 MAHOGANY RIDGE DR.  
NAPLES FL 34119**

2. Principal Place of Business

**3737 DOMESTIC AVE**

3. Mailing Address

**3737 DOMESTIC AVE**

Suite, Apt. #, etc.

**#24**

Suite, Apt. #, etc.

**#24**

City & State

City & State

**NAPLES, FL**

**NAPLES, FL**

Zip

Country

Zip

Country

**34104**

**COLLIER**

**34104**

**COLLIER**



CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3580064**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HULL, ROBERT R  
5231 MAHOGANY RIDGE DR.  
NAPLES FL 34119**

7. Name and Address of New Registered Agent

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. 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

**MGRM**

Delete

**VAN STONE, MONIKA B  
9155 GULFSHORE DRIVE, SUITE 602  
NAPLES FL 34108**

TITLE

**MGRM**

Delete

**HULL, ROBERT R  
9155 GULFSHORE DRIVE, SUITE 602  
NAPLES FL 34108**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

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: Robert R Hull REQUIRED**

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

Date

Revision Page #

CR2E083 (10/02)