

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

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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

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

FLORIDA

Zip

34104

Country

FLORIDA



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

Division Check #

CR2E083 (10/02)