2001 UNIFORM BUSINESS REPORT (UBR)

Under Company Place of Business Multing Address Multing Addres	200 ⁻	UNIFO	RM BUS	INESS REP	ORT	(UBF	R)		APPRO _AN)			
THE DOWN OF THE CONTROL LANDSCAPING OF FLORIDA, LLC. PROTOCOL PRODUCT PLANDSCAPING OF FLORIDA, LLC. PROTOCOL PRODUCT PLANDSCAPING OF FLORIDA, LLC. PROTOCOL PRODUCT PLANDSCAPING OF FLORIDA Maling Address 120 0FH STREET SW. VERO BEACH FL 23982 2. Principal Place of Business Suite, Apt. #, etc. City & State City & St	DOCUMENT # L9900007767							FILEO					
Principal Place of Business	i. Entity ivarile							01 APR 23 AM 9: 43					
130g FH STREET S.W. VERO BEACH FL 32962 2. Principal Page of Deviness Sulla, Apt. #, ofic. Sulla, Apt. #, ofic. Di NOT WRITE IN THIS SPACE City & State City & State Applied For State S							SECRETARY OF				STATE		
VERO BEACH FL 2292 VERO BEACH FL 3292 2. Principal Place of Business Suits, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City &						TABLAHASSEE	, FLORI	DA'					
Suite, Apt. #, etc. City & State										i.			
Sufe, Apt #, etc. Sufe, Apt #, etc. DO NOT WRITE IN THIS SPACE													
City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired The Required Status Desired Statu	2. Principal f	Place of Business							.)((EB(BE				
Section Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Zip Country Zip Country S. Country S. S. Certificate of Status Desired Status Statu	City & Stat	te		City & State									
Companies of Current Registered Agent To Name and Address of New Registered Agent	Zip Country			Zip	ıtry	v				5.00 Add	itional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and	Address of Curren	t Registered Agent	<u></u>		7.	Name	e and Address of New Re				
######################################							Name						
Enter addition in the State of Florida. Signature Type of printer dame of registered agent, or both, in the State of Florida. Signature Type of printer dame of registered agent, or both, in the State of Florida. Signature Type of printer dame of registered agent, or both, in the State of Florida. Signature Type of printer dame of registered agent and the if applicable. (NOTE Registered Agent segments recursion when recentations) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES ITTLE MORR HORWITZ, STEPHEN HORWITZ, STEPHEN HORWITZ, STEPHEN HORWITZ, STEPHEN STREET ADDRESS GITY-ST-2P TO Delete NAME STREET ADDRESS GITY-ST-2P TILE Delete NAME STREET ADDRESS GITY-ST-2P TILE NAME STREET ADDRESS GITY-ST-2P GITY-ST-2P TILE NAME STREET ADDRESS GITY-ST-2P GITY-ST-2P Addition Addition NAME STREET ADDRESS GITY-ST-2P GITY-ST-2P Addition Addition ADDITIONS/CHANGES GITY-ST-2P ADDITIONS/CHANGES	·					Street Ac	ddress (P.O.	Box N	lumber is Not Acceptable)				
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, hyperical privace name of registered agent and the if applicable. (NOTE Registered Agent separative required when revealable to Department of State								1 = = :					
SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						City				FL	Zip Code	,	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGR	8. The above	named entity sub	mits this statement f	or the purpose of changing	its register	ed office or	registered a	agent,	or both, in the State of Flor	ida.			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MARE HORWITZ, STEPHEN 8306 LAKELAND BLVD. TITLE MAME STREET ADDRESS GITY-ST-ZIP TITLE MAME STREET ADDRE	SIGNATURE			40 - 40 - 4 40 - 4	NOTE: Bogistore	ad Appet cianatu	ure required when	n reinetati		DATE			
B. MANAGING MEMBERS MEMBERS 10. ADDITIONS/CHANGES TITLE MARK HORWITZ, STEPHEN 8306 LAKELAND BLVD. TITLE MAME MANE STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME		Signature, typed or prin	ed name or registered agen					Tomstati					
MGR				1		-		tate					
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP		1	MANAGING MEME			1					Change	, addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street Address	HORWITZ, ST 8306 LAKELAI	nd Blvd.	L_J Delete	NAM Stri	ME EET ADDRESS			800004 -05/03	13 4 4 /0101	418- 1120 0		
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		FURI PIENCE	FL 34931	☐ Delete			· · · · · · · · · · · · · · · · · · ·					Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			ı	STR	eet address						-1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME		,	☐ Delete	NAN	AE .					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP													
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			L_J Delete	NAM Stri	ME EET ADDRESS					Change	∐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE 1 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Change Change Change CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				. Delete	_				W-4.00		Change	Addition	
TITLE 1 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRÉSS				STR	EET ADORESS			٠.				
CITY-ST-ZIP CITY-ST-ZIP	TITLE 1			☐ Delete	TITL	E AE					Change	Addition	
44 Land of the their factor of the their fac													
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													



561-562-5782 Deytime Phone #