

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90409 050 \*\*\*150.00

0435300 AV

**DOCUMENT # M64399**

1. Entity Name  
**TREASURE COAST LANDSCAPE SERVICES, INC.**



Principal Place of Business  
**17826 PINE NEEDLE TERRACE  
BOCA RATON FL 33487**

Mailing Address  
**17826 PINE NEEDLE TERRACE  
BOCA RATON FL 33487**

70052901



2. Principal Place of Business  
**9762 8TH Place South**

3. Mailing Address  
**9762 8TH Place South**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Bouytton Beach Fl.**

City & State  
**Bouytton Beach Fl.**

Zip  
**33437**

Country  
**US**

4. FEI Number **65-0022619**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PLAISTED, DOUGLAS  
17826 PINE NEEDLE TERRACE  
BOCA RATON FL 33437**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD PLAISTED, DOUGLAS E. 17826 PINE NEEDLE TERR BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SMITH, CHARLENE 17826 PINE NEEDLE TERRACE BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J Douglas Plaisted* **DOUGLAS E. PLAISTED** **4/28/03** **(561) 733-9620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)