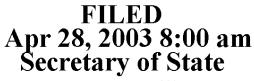
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000008131

DOCUMENT # 1. Entity Name

CHET'S LANDSCAPING, INC.					
Principal Place of Business 499 KINDLING COURT OCOEE FL 34761	Mailing Address 499 KINDLING COURT OCOEE FL 34761	- L			
2. Principal Place of Business	3. Mailing Address				



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Principal Place 499 KINDLING OCOEE FL 34	COURT 1761			Mailing Address 499 KINDLING COURT OCOEE FL 34761 3. Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, etc.					==	G-CHECK-HERE-IF-MAKING CHANGES												
City & State				City & State				4. FEI Number 59-3620000							Applied For Not Applicable			
Zip		Country		Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required										
	6. Name	and Address o	Current Re	gistere	d Agent				7. Nan	ne and A	ddres	s of Nev	v Regi	stered	Agent			ゴ
SETARAM, MAHENDRA 499 KINDLING COURT OCOEE FL 34761				Name Street Address (ddress (P.	(P.O. Box Number is Not Acceptable)										
							City							FL	Zip C	ode	<u> </u>	1
the obligat	named entity long of registe		atement for the	he purp	ose of changing its	registere	d office or	registere	d agent	, or both	in the	State of	Florida			ith, a	nd accept	-
SIGNATURE .	Signature, typed	or printed name of regi	stered agent and	title il appl	icable (NOTE	: Registered	Agent signatu	re required w	hen reinsta	ating)		· ,		DATE		_		
After	May 1, 200	FFF-IS-\$15 3 Fee will be Florida Depar	\$550.00	itate								mpai gn Contribu		ing			May Be o Fees	- -
10.		OFFIC	ERS AND DI	RECTO	RS	11.			ADDI1	rions/c	HANG	ES TO C	FFICE	RS AND	DIRECTO	ORS	IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MAHENDRA ING COURT 34761		-	Delete		, ,								Chang	je	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SETARAM, 499 KINDL OCOEE FL	ING COURT		_	☐ Delete								,		☐ Chang	je	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	1									☐ Chang	je	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- -		☐ Delete			,		-		• .	•		☐ Chang	lê	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP					☐ Delete										☐ Chang	e	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						-				Chang	e	Addition	

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: