2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90177 048 ***150.00

0563965

DOCUMENT # P00000014677

1. Entity Name
PSL LANDSCAPE SERVICES, INC.

Principal Place of Business	Mailing Address
1214 INDUSTRIAL BLVD. PT ST. LUCIE FL 34985	P O BOX 9421 PT ST. LUCIE FL 34985

2. Principal Place of Business	3. Mailing Address
6132 SNOOK CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE, FL	City & State
Zip: 34983 / Country: U.S.A.	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0999939 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, SHELL 133 N. 4TH STREET FORT PIERCE FL 34950	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.

SIGNATURE Joanna Kijewski
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIJEWSKI, JOANNA E P O BOX 9421 PT ST. LUCIE FL 34985 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanna Kijewski JOANNA KIJEWSKI 1/17/2001 561 337 0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)