| FOR PROFIT CORPORATIO UNIFORM BUSINESS REPORT | | pagelot |
|---|--|--|
| DOCUMENT # PODDDDDDDZU860 | | FILED |
| Florida Outdoor Landscupe Inc. | | AN 10 AN 9:36 |
| DO NOT WRITE IN THIS SPACE | | SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal Place of Business 2771 Apopka Blud P.O. Box 2533 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 05/22/51 DO NOTWRITE IN THIS SPACE |
| Apopka, FL Apopka | FL | 4. Fel Number Applied For 59-3654921 Not Applicable |
| 32703 Orange 32704 (| Country | 5. Certificate of Status Desired Status Desired Fee Required |
| Name Kellu K Guinh | | |
| DO NOT WRITE IN THIS SPACE | | |
| | Apop 1 | Ka, Florida FL Zip Code 2 |
| 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 Kelly Guinn Signature, typed or printed name of registered agent and title if applicable. NOT Registered Agent bioffature required when reinstating) 4 29 02 DATE | | |
| Tax filing requirement and elects to do so. After May 1, Amended L (See criteria on back) Make Check Payable | y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of Sta | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ate Added to Fees |
| 11. OFFICERS AND DIRECTORS TITLE President | TITLE | |
| NAME Gregory G. Guinn STREET ADDRESS 3025 Fox hill Cir. #103 CITY-ST-ZIP Apopka, FL 32703 | NAME STREET ADDRESS CITY-ST-ZIP | |
| THE V. President | title Name | 7000056205670 -05/28/0201019026 |
| STREET ADDRESS 3025 FOXHill Cir. # 103 CITY-ST-ZIP ADODKU FL 32703 | STREET ADDRESS CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE NAME | TITLE NAME | |
| STREET ADDRESS CITY- ST-ZIP | STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE |
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| | TITLE | |
| STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS | |
| 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 reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE AND TYPED AR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 429 02 407-880-703 | | |

Attachment FEI# 59-365492) pgg20t

Florida Outdoor Landscape, Inc. P.O. Box 2533 Apopka, FL 32704 407-880-7703 Fax # 407-578-5552

April 29, 2002

Division Of Corporations:

Please be advised in the year 2001 we did not receive notification from you office of our corporation dissolving. I have spoken with an individual from you office and they have informed me to mail this letter with my 2002 UBR. Thank you for your assistance in this matter. Please feel free to contact me regarding any further questions.

Sincerely, esident