FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State
05-12-2003 90233 013 ***150.00

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1. Entity Name

Florida Outdoor Landscape, Inc.

DO NOT WRITE IN THIS SPACE

[redacted] 55050046

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2. Principal Place of Business	3. Mailing Address
3663 All American Blvd	P.O. Box 2533
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Apopka, FL
Zip: 32835 Country: Orange	Zip: 32704 Country: Orange

4. FEI Number: 59-3654921 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Kenneth Gerald Guinn

Street Address (P.O. Box Number is Not Acceptable): 1520 Yucatan Way

City: The Villages FL Zip Code: 32159

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: Kenneth A Guinn
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
(Amended UBR is $61.25)
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

TITLE	President
NAME	Gregory Gerald Guinn
STREET ADDRESS	279 Whitcombe Ct.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	Vice President
NAME	Kelly Kay Guinn
STREET ADDRESS	279 Whitcombe Ct.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Kay Guinn May 9 - 2003 407-880-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #