

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91526 023 ***150.00

DOCUMENT # *P00000030147*

1. Entity Name

MAGNOLIA LANDSCAPE & DESIGN, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MAGNOLIA LANDSCAPE & DESIGN, INC.

3. Mailing Address

MAGNOLIA LANDSCAPE & DESIGN, INC.

Suite, Apt. #, etc.

1245 PEMBERTON TRAIL

Suite, Apt. #, etc.

1245 PEMBERTON TRAIL

City & State

MALABAR, FL.

City & State

MALABAR, FL.

Zip

Country

32950

U.S.A.

Zip

Country

32950

USA

4. FEI Number

59-3655014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH L. NIELSEN

Street Address (P.O. Box Number is Not Acceptable)

1245 PEMBERTON TRAIL

City

MALABAR

FL

Zip Code

32950

**DO NOT WRITE
IN THIS SPACE**

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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*PRESIDENT
KENNETH L. NIELSEN
1245 PEMBERTON TRAIL
MALABAR, FL. 32950*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*VICE PRESIDENT
LORRAINE NIELSEN
1245 PEMBERTON TRAIL
MALABAR, FL. 32950*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Nielsen *4/28/03* *321-676-2828*

CR2E034B (12/02)