

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038195

1. Entity Name
INDEPENDENT LAWNCARE & LANDSCAPE, INC.

Principal Place of Business
781 NW SHARPE STREET
PORT ST LUCIE FL 34983

Mailing Address
781 NW SHARPE STREET
PORT ST LUCIE FL 34983

2. Principal Place of Business
781 N.W. Sharpe ST.
Suite, Apt. #, etc.

3. Mailing Address
781 N.W. Sharpe ST.
Suite, Apt. #, etc.

City & State
Port St. Lucie FL
Zip
34983
Country
USA

City & State
Port St. Lucie FL
Zip
34983
Country
USA

4. FEI Number
65-0380062
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDGE, JOSEPH
932 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

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 Joseph Edge

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Peter Greco
781 N.W. Sharpe St.
Port St. Lucie FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Peter Greco
781 N.W. Sharpe St.
Port St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/01 561-260-4215

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90052 010 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)