2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000038794

1. Entity Name

P&P Florida Landscape, Inc.

C0074893

Principal Place of Business	Mailing Address
2640 Golden Gate Pkwy, Ste. 206 Naples, FL 34105	2640 Golden Gate Pkwy Ste. 206 Naples, FL 34105

2. Principal Place of Business

3. Mailing Address 4901 Tamiami Trail N.

Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State Naples, FL	**4. FEI Number** applied for — Applied For / Not Applicable
Zip	Country	Zip 34103	Country Collier	**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
Ross, Donald K JR Esq 2640 Golden Gate Pkwy Ste. 206 Naples, FL 34105	Name U.S. Investor Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 4901 Tamiami Trail North City Naples, FL Zip Code 341-3

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 _____ Rainy N. Filhaut _____ 7/2/01

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 D NAME Scheckenhofer, Peter STREET ADDRESS P,O. Box 10951 N/A CITY-ST-ZIP Naples, FL 34101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME Scheckenhofer, Peter A. STREET ADDRESS P.O. Box 10951 CITY-ST-ZIP Naples, FL 34101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Peter Scheckenhofer _____ 7/2/01   941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/00)