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

DOCUMENT #_{P00000038958}

SOUTHERN LANDSCAPE SERVICES, INC.



May 05, 2003 8:00 am Secretary of State

05-05-2003 91416 003 ***150.00

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Principal Place of Business 3. Mailing Address				illiga septila esperante en esperante en esperante en en esperante en				
	Lockwood Ridge	Road /648 Loc Suite, Apt. #, etc.				IOT WRITE IN THIS SP	ACE	
Suite, Apt. #	327	Suite, Apr. #, etc.				10 1 11 11 11 11 10 01 1		
City & State Sarasota, FL		City & State Sarasota	City & State Sarasota, FL			5-1001122	Applied For Not Applicable	
^{Zip} 3424	Country Country	^{Zip} 34243	Coun	itry	5. Certificate of Status D	Fe	8.75 Additional se Required	
				7. Name and Address of Current Registered Agent Name				
DO NOTWOITE				Howard R. Womeldorph, Jr.				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 7648 Lockwood Ridge Road				
	IN THIS	SPACE		7 04	to Lockwood Riu	ge Roau		
				City 5			G(4.0c4)0	
				City Sarasota FL 34243				
	named entity submits this state ons of registered agent.	ment for the purpose of changing	its register	ed office or regis:	tered agent, or both, in the St	ate of Florida. I am fam	illar with, and accept	
SIGNATURE _	Signature, typed or printed name of registe	ered agent and title if applicable. (N	QTE: Registere	id Agent signature requi	red when reinstating)	DATE		
Jan	uary 1 - May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departr	1.00	-		9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				Philar meranokasa sistema	Same that the same sections are sense as the		Service Activities of Parity State of the	
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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:

Mighelle Doranth

Daytime Phone #