FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 10, 2002 8:00 am **Secretary of State** P00000039632 DOCUMENT # 1. Entity Name 02-10-2002 90040 023 \*\*\*150.00 ABOVE & BEYOND LANDSCAPE, INC. Principal Place of Business Mailing Address 8808 SOUTHEAST RIGDON WAY POST OFFICE BOX 750 HOBE SOUND FL 33475 HOBE SOUND FL 33475 2. Principal Place of Business 3. Mailing Address P.O. Box 750 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-1001259 Not Applicable Country - U.SA \$8.75 Additional 5. Certificate of Status Desired. Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEETS, BARRY Street Address (P.O. Box Number is Not Acceptable) 7000 SE FEDERAL HWY SUITE 310 STUART FL 34997 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. (9/04 ☐ Change ☐ Addition TITLE Delete TITLE NAME MORRIS, STEPHEN L NAME CR2E034 STREET ADDRESS STREET ADDRESS 8808 SOUTHEAST RIGDON WAY CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33475** ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME WEST, DAVID 8908-BOUTHEAST RIGDON JUAY 7501 SE Sandpipel STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST\_ZIP HOBE-SOUND-FL-33455-TITLE Delete TITLE ☐ Change ☐ Addition NAME BAILEY, DANJEL STREET ADDRESS 8808 SOUTHÉAST RIGDON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FX 33475 TITLE TITLE Change Addition WEST, DAVID 8808 SOUTHÉAST RIGDON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33475 🛣 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: