

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90195 037 \*\*\*150.00

**DOCUMENT # P00000040034**

1. Entity Name

**SONNY'S TOTAL LANDSCAPING, INC.**

Principal Place of Business

**3416 NE 2 AVENUE  
 OAKLAND PARK FL 33334**

Mailing Address

**3416 NE 2 AVENUE  
 OAKLAND PARK FL 33334**

2. Principal Place of Business

**18782 SW 105 PI**

3. Mailing Address

**18782 SW 105 PI**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FLA**

Zip

Country

**33157 Dade**

Zip

Country

**33157 Dade**

4. FEI Number

**65-1004794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARINGTON, ROBERT  
 11200 SW 187 STREET  
 MIAMI FL 33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert C. [Signature]**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-7-02**

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLARINGTON, ROBERT 11200 SW 187 STREET MIAMI FL 33157</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
DH POWW40034/  
BD128413

Dear: Division of Corporations

I Robert Chrington / Sowny TOTAL LANDSCAPING INC.

Received A Reinstatement of Corporation for  
the amount of \$550 as Aposed to \$150 And

I call 850-488-9000 And They toll me \$400 was  
for late fee. But after we found out

that I did not Received A Reinstatement ~~page~~ <sup>Form</sup>

And that this WAS the first notice that I Received

They toll me to Put in ~~let~~ writing that I

Did not Recieve the first Form And

And check for \$150 Thank you

Robert Chrington