

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049747

1. Entity Name

Island Style Landscaping, Inc. ✓

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91554 025 ***150.00

Principal Place of Business PMB 1195 Mailing Address PMB 1195
1200 N Federal Hwy. Suite 2 600 N. Fed Hwy. Suite 2
Fort Lauderdale, FL 33308 Ft. Laud, FL 333082. Principal Place of Business
1456 SE 7th Ct.
Suite, Apt. #, etc.3. Mailing Address
1456 SE 7th Ct.
Suite, Apt. #, etc.

00055426

DO NOT WRITE IN THIS SPACE

City & State Deerfield Beach, FL Deerfield Bch, FL
Zip 33441 Country Broward 33441 Country Broward4. FEI Number 651012449
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jon M. Henning, Esq.
1500 N. Federal Hwy. #200
Fort Lauderdale, FL 33304

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 
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Tracy L. Gibson	1456 SE 7th Ct.	Deerfield Bch. FL 33441	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Elena M. Gibson	1456 SE 7th Ct.	Deerfield Bch. FL 33441	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Elena M. Gibson, Vice President, Dir. 5/01/01 (954-566-1234)
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elena M. Gibson

CR2E034 (11/00)