

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90108 007 ***150.00

DOCUMENT # P00000059530

1. Entity Name

ACKMAN BROS. LANDSCAPING, INC.

Principal Place of Business

**1681 SOUTH KIRKMAN ROAD #345
 ORLANDO FL 32811**

Mailing Address

**PO BOX 608216
 ORLANDO FL 32860**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652837

Applied For

Not Applicable

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

ACKMAN, KEVIN

**1681 SOUTH KIRKMAN ROAD #345
 ORLANDO FL 32811**

Name

Kevin Ackman

Street Address (P.O. Box Number is Not Acceptable)

122 Wisteria Ave.

Orlando, FL 32806

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, 2002 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** ☐ Delete
 NAME **ACKMAN, KEVIN**
 STREET ADDRESS **1681 SOUTH KIRKMAN ROAD #345**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
 NAME **Kevin Ackman**
 STREET ADDRESS **122 Wisteria Ave.**
 CITY-ST-ZIP **Orlando, FL 32806**

TITLE **D** ☐ Delete
 NAME **ACKMAN, JASON**
 STREET ADDRESS **5542 METRO WEST BLVD. #207**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
 NAME **Jason Ackman**
 STREET ADDRESS **metrowest Blvd**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02

CR2E034 (9/01)