2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90193 034 ***150.00

DOCUMENT # P00000073580

1. Entity Name
PALMETTO LANDSCAPING OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
17601 NALLE RD. N. FT. MYERS FL 33917	17601 NALLE RD. N. FT. MYERS FL 33917

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
950 Moody Rd	950 Moody Rd
Suite, Apt. #, etc. #134	Suite, Apt. #, etc. #134
City & State N. Ft. Myers, FL	City & State N. Ft. Myers, FL
Zip / Country 33903 / Lee	Zip / Country 33903 / LEE

4. FEI Number 65-1019985 ☐ 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
EATON, SUSAN 17601 NALLE RD. N. FT. MYERS FL 33917	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS,			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EATON, SUSAN 17601 NALLE RD. N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EATON, SUSAN 950 Moody Rd #134 N. Ft. Myers FL 33903	☒ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M. Eaton SIGNATURE REQUIRED 3/18/03 (239) 731-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #