

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 022 ***150.00

DOCUMENT # P00000074047

1. Entity Name
UNLIMITED LANDSCAPES, INC.



Principal Place of Business
5631 WINSTON PARK BLVD. N
SUITE 202
COCONUT CREEK FL 33073

Mailing Address
5631 WINSTON PARK BLVD N
SUITE 202
COCONUT CREEK FL 33073

2. Principal Place of Business
993 N.W. 31st AVE
Suite, Apt. #, etc.

3. Mailing Address
993 N.W. 31st AVE
Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip 33069 **Country** USA

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Pompano Beach, FL
Zip 33069 **Country** USA

4. FEI Number 59-3678723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KRUPP, JULIE L
5631 WINSTON PARK BLVD N
SUITE 202
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name Julie Krupp
Street Address (P.O. Box Number is Not Acceptable)
993 N.W. 31st ave
City Pompano Beach **FL** **Zip Code** 33069

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 *Julie Krupp*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KRUPP, JULIE L	
STREET ADDRESS	5631 WINSTON PARK BLVD N STE. 202	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Krupp	
STREET ADDRESS	993 N.W. 31 st ave	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Julie Krupp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 99973-3083
Daytime Phone #

CR2E034 (10/02)