2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000082312

1. Entity Name

DOCUMENT#

MARI OWE'S LANDSCAPE AND MAINTENANCE INC.

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FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90908 012 ***150.00

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School S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Certificate on Status Desired Fee Required Fee Registered Agent Fee Required Fee Registered Agent Fee Required Fee Registered Agent Fee Required Fee Req	City & Stat	е	City & State			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-1040269			
Name and Address of Current Registered Agent Name	Zip	Country	Zip		Cour	ntry	5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3. The above named entity submigs 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 are time further 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 are time further 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 are time further purpose of changing its registered agent are greatly agent agent are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are purpose or protect agent. FILE NOW!!! FEE IS \$150.00 **After May 1, 2008 Fee will be \$550.00 **After May 1, 2008 Fee will be \$550.00 **Back Check Payable to Florida Department of State 10.		6. Name and Address of Current	Registere	d Agent		·	7. Name and Address of New Registered	•	· -	
888 EAST LAS OLAS BOULEVARD SUITE 700 City FL Zip Code 1. The above named entity submigs this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am formiliar with, and accept the obligations of registered agent and from the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am formiliar with, and accept the obligations of registered agent and from the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am formiliar with, and accept the obligations of registered agent and from the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am formiliar with, and accept the obligations of registered agent and from the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am formiliar with, and accept the obligations of registered agent. IGNATURE FILE NOW!!! FEE IS \$150.00 Add to Frees and Part of Comparisor Florida. I am formiliar with, and accept the obligations of registered agent and from registered Agent sequence required from remaining with, and accept agent and from remaining with, and accept agent agent agent agent and remaining. ST. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRINGS F1. 33076 THE MARK OWN. 12 IST AVENUE CORAL SPRI						Name				
SIGNATURE 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signatu				Street Address			P.O. Box Number is Not Acceptable)			
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4. Thereby certify that the information subulied with this folid does not qualify for the exemption stated in Section 119 11/0301. Florida Statutos, I tortific contribution information	i	ertify that the information supplied with	this filing o	does not qualify for t			ction 119 07(3)(i) Florida Statutes I further ce	rtify that the i	oformation	

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.