

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90467 019 \*\*\*150.00

**DOCUMENT # P00000099463**

**1. Entity Name**  
**LANDSCAPES MAINTENANCE CORPORATION**



**Principal Place of Business**  
**1907 DOCKSIDE DRIVE**  
**VALRICO FL 33594**

**Mailing Address**  
**1907 DOCKSIDE DRIVE**  
**VALRICO FL 33594**

11002780



**2. Principal Place of Business**

**804 VICTORIA ST**

**3. Mailing Address**

**804 VICTORIA ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**BRANDON, FL**

**City & State**

**BRANDON, FL**

**4. FEI Number** **65-1046748**

Applied For

Not Applicable

**Zip**  
**FL 33510**

**Country**  
**HILLS**

**Zip**  
**33584**

**Country**  
**HILLS**

**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**

**REEL, DAVID**  
**1907 DOCKSIDE DRIVE**  
**VALRICO FL 33594**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	REEL, RACHEL	
STREET ADDRESS	1907 DOCKSIDE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEL, DAVID	
STREET ADDRESS	1907 DOCKSIDE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

**SIGNATURE REQUIRED**

**RACHEL REEL**

**April 18, 2003**

**313-689-2228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)