

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90038 027 ***150.00

DOCUMENT # P00000102926

1. Entity Name

LAWNSCAPE OF KEY WEST, INC.

Principal Place of Business

**29188 TULIP LANE
 BIG PINE KEY FL 33043**

Mailing Address

**29188 TULIP LANE
 BIG PINE KEY FL 33043**

2. Principal Place of Business

3. Mailing Address

217 VIRGINIA

217 VIRGINIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST FL

KEY WEST FL

Zip

Country

Zip

Country

33043

MONROE

33040

MONROE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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.

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 **PD** ☐ Delete
 NAME **SEAMAN, CRAIG A**
 STREET ADDRESS **29188 TULIP LANE**
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

☒ Change ☐ Addition
**217 VIRGINIA ST
 KEY WEST, FL 33040**

TITLE **STD** ☐ Delete
 NAME **PAMER, JOHN**
 STREET ADDRESS **29188 TULIP LANE**
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

☐ Change ☐ Addition
**217 VIRGINIA ST
 KEY WEST, FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOHN PAMER 4-20-02 305-294-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)