

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90021 020 ***150.00

769681

DO NOT WRITE IN THIS SPACE

DOCUMENT # 200000109851
1. Entity Name LUXURIOUS LAWN AND LANDSCAPE INC.

Principal Place of Business
 200 CHARLES DR.
 MELBOURNE FL.
 32935
Mailing Address
 200 CHARLES DR.
 MELBOURNE FL.
 32935

2. Principal Place of Business
 200 CHARLES DR.
3. Mailing Address
 200 CHARLES DR.
 Suite, Apt. #, etc.

City & State
 MELBOURNE FL.
City & State
 MELBOURNE FL.
Zip 32935 **Country** BREVARD
Zip 32935 **Country** BREVARD.

4. FEI Number ☒ Applied For
 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RICHARD C. BOYLE
 200 CHARLES DR
 MELBOURNE FL. 32935

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

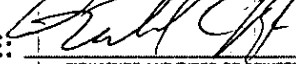
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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, 2001 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		☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME			NAME	RICHARD C BOYLE	
STREET ADDRESS			STREET ADDRESS	200 CHARLES DR	
CITY-ST-ZIP			CITY-ST-ZIP	MELBOURNE FL. 32935	
TITLE		☐ Delete	TITLE	V	☐ Change ☐ Addition
NAME			NAME	SHAWN BOYLE	
STREET ADDRESS			STREET ADDRESS	200 CHARLES DR	
CITY-ST-ZIP			CITY-ST-ZIP	MELBOURNE FL. 32935	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 reports 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:  RICHARD C. BOYLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/28/01 Daytime Phone #: (321) 242-8229

CR2E034 (11/00)