

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91829 008 ***150.00

0673479 AV

DOCUMENT # P00000111714

1. Entity Name
LANDSCAPE DESIGNS BY PATRICK FLYNN, INC.



Principal Place of Business
**514 SW 2ND AVE
OCALA FL 34474**

Mailing Address
**514 SW 2ND AVE
OCALA FL 34474**



2. Principal Place of Business

6 Banyan Trackway
Suite, Apt. #, etc.

3. Mailing Address

6 Banyan Track Way
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
59-3684465

Applied For
Not Applicable

Zip
34472

Country

Zip
34472

Country

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

6. Name and Address of Current Registered Agent

**FLYNN, PATRICK
514 SW 2ND AVE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **Flynn, Patrick**
Street Address (P.O. Box Number is Not Acceptable)
6 Banyan Track Way
City **Ocala** FL **34472**

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 **Patrick Flynn** **PATRICK FLYNN OWNER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/03
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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLYNN, PATRICK**
STREET ADDRESS **6 BANYAN TRACK WAY**
CITY-ST-ZIP **OCALA FL 34478**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Patrick Flynn** **PATRICK FLYNN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date
598-1628
352-826
Daytime Phone #

CR2E034 (10/02)