

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80111019

DOCUMENT # P00000116110 1. Entity Name SUN STATE LANDSCAPING OF FT. MYERS, INC.					
Principal Place of Business 6450 WESTWOOD ACRES ROAD FT MYERS, FL 33905			Mailing Address 8980 ERIE LANE PARRISH, FL 34219		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 ☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1063509				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVOREY, CARLOS 9980 ERIE LANE PARRISH, FL 34219			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if not a sole officer; (NOTE: Registered Agent signature required when withdrawing))					
FILE NOW! FEE IS \$150.00 After May 7, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVOREY, CARLOS 1714 HIGH POINT DR. LAKELAND, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAND, RANDALL 9980 PINE LEVEL RD ORLA, FL 33866	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date 4/29/03 941-776-2897 Daytime Phone #			

CR2E034 (10/02)