

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90020 009 ***150.00

DOCUMENT # P01000009498

1. Entity Name

PALMETTO LANDSCAPING AND IRRIGATION, INC.



Principal Place of Business

2238 DAVIS RD.

JACKSONVILLE FL 32218

Mailing Address

P O BOX 28933

JACKSONVILLE FL 32226

2. Principal Place of Business

2238 Davis Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 28933

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jax FL 32218

City & State

Jax FL 32226

4. FEI Number

59-3710276

Applied For

Not Applicable

Zip

32218

Country

Duval

Zip

32226

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, DANA

2238 DAVIS RD.

JACKSONVILLE FL 32218

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: Dana A. Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

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	D	<input type="checkbox"/> Delete
NAME	GRAHAM, DANA	
STREET ADDRESS	2238 DAVIS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

904-714-4190

Date

Daytime Phone #

CR2E034 (10/02)