

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90104 031 ***150.00

DOCUMENT # P01000013573

1. Entity Name
SOUTHBAY LANDSCAPES, INC.

Principal Place of Business

**6770 BRIARCLIFF ROAD
 FT MYERS FL 33912**

Mailing Address

**6770 BRIARCLIFF ROAD
 FT MYERS FL 33912**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

16520 S. TAMAMI TRAIL

18-274

FT MYERS, FL

33908

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1081680

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.

**4501 TAMAMI TRAIL NORTH SUITE 300
 NAPLES FL 34103-3060**

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.

STEPHAN MANDERSCHIED, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-02

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 **D** ☐ Delete
NAME **MANDERSCHIED, STEPHAN**
STREET ADDRESS **6770 BRIARCLIFF ROAD**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **WISER, STEPHAN SHAWN**
STREET ADDRESS **23500 WALDEN CENTER DRIVE #203**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **WISER, JASON**
STREET ADDRESS **22655 ISLAND LAES DRIVE**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT, SECRETARY** ☒ Change ☐ Addition
NAME **MANDERSCHIED, STEPHAN**
STREET ADDRESS **6770 BRIARCLIFF RD**
CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **WISER, SHAWN**
STREET ADDRESS **12071 GATEWAY GREEN DR #211**
CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **WISER, JASON**
STREET ADDRESS **22655 ISLAND LAES DR**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☒ Addition
NAME **WISER, CRYSTAL**
STREET ADDRESS **12071 GATEWAY GREENS DR #211**
CITY-ST-ZIP **FT MYERS, FL 33913**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHAN MANDERSCHIED, PRESIDENT 4-14-02

Date

Daytime Phone #

CR2E034 (9/01)