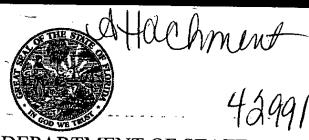
2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 25, 2002 8:00 am

7/15/1/2_

| DOC | UMENT# PO100 | | Secretary of State 08-06-2002 90134 010 ***550.00 | | | | | |
|---|--|---|--|---|--|---|---|-------------------------------|
| 1. Entity N. HORTIC | Name CO LANDSCAPE SERVICES, IN | | | | VO:€ | JO-2002 3015-i | 010 | *330.00 |
| Principal Place of Business Malling Address 1841 DANCY STREET APT NO.1 1841 DANCY STREET APT NO.1 | | | | | - THUUL | | | |
| JACKSONVIL | ALLE FL 32205 | JACKSONVILLE FL 32205 | | | | | | |
| 1841 | al Place of Business DANCY STREET pt. #, etc. | 3. Mailing Address 18AL DAY Suite Act 4 de | LIEAL DAUCY ST | | | | | |
| City & Sta | 1 | Suite, Apt.,#. etc. | 1.1.14 | -m , | DO NOT | WRITE IN THIS SPA | | oplied For |
| Zip 32 | 2205 COUNTY DVV11- | 210 32205 | Sountry | TU | 5. Certificate of Status Desir | 121250 | ` ——— | t Applicable |
| | 6. Name and Address of Current Re | egistered Agent | | 7. | 7. Name and Address of N | Fee | | 1 |
| 1841 DAN | ER, MICHAEL G NCY STREET APT NO.1 NVILLE FL 32205 | | Name Stree | ne | O. Box Number is Not Accep | | | |
| | | | City | | | FL | Zip Code | , |
| The above the obligat SIGNATURE: | re named entity submits this statement for that ations of registered agent. | ne purpose of changing its r | registered office | or registered (| agent, or both, in the State of | of Florida. I am fami | iliar with, a | nd accept |
| BIGINATURE. | Signature, typed or printed name of registered agent and | J title II applicable. (NOTE: | E: Registered Agent sign | white required why | refreshing | 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 \$550.0 After September 13, 2002 Fee will be Make Check Payable to Department | | | | 50.00 Il be \$750.00 | | n Financing oution. | \$5.00 Added to |) May Be to Fees |
| 11. M(Ê | OFFICERS AND DIR | RECTORS | 12. | | ADDITIONS/CHANGES TO C | OFFICERS AND DIF | | |
| NAME 5: PET ADDRESS CITY-ST-ZIP | NIEMEYER, MICHAEL G | ☐ Detete | TITLE NAME STREET ADDRESS CITY-ST-2IP | : | | | | Addition |
| TITLE NAME STREET ADDRESS ZITY-S1-ZIP | | Celeie | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ; | | - | Change [| Addition |
| ITLE AME TREET ADDRESS | 200 | Delétia | TITLE NAME | | | | Change [| Addition |
| TLE | | | STREET ADDRESS CITY-SY-ZIP | | | | | |
| AME TREET ADDRESS ITY-ST-ZIP | | □ Dekete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | | Change [| Addition |
| TLE AME REET ADORESS TY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | hange [| Addition |
| TLE VME REET ADDRESS TY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | Ch | . – | Addition |
| 3. I hereby cer indicated on of the corpor changed, or | ertify that the information supplied with this fi on this report or supplemental report is true a coration or the receiver or trustee empowered or on an attachment with an address, with a | illing does not qualify for the and accurate and that my s id to execute this report as ill other like empowered. | e exemption state | ed in Section 1 ave the same inter 607, Floring Ant | 119.07(3)(I), Florida Statutes egal effect as if made under da Statutes; and that my nar U 1eme Ye/L | . I further certify that oath; that I am an c ne appears in Block | the inform officer or di c 11 or Bloc | iation irector ck 12 if |



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

August 7, 2002

HORTICO LANDSCAPE SERVICES, INC. 1841 DANCY STREET 1 JACKSONVILLE, FL 32205

Subject: HORTICO LANDSCAPE SERVICES, INC.

Reference Number:

P01000015751

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION

note: The highlighted area - with The stomp own it 15 the signature of the President. (D) doesn't look like much, but 17 15 The signature.)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314