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

Aug 04, 2003 8:00 am Secretary of State P01000027525 DOCUMENT # 08-04-2003 90147 004 ***150.00 1. Entity Name T & D NURSERY & LANDSCAPING, INC. Principal Place of Business Mailing Address 4839 S.W. 148TH AVE., STE. 321 4839 S.W. 148TH AVE., STE. 321 DAVIE FL 33330 DAVIE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1096935 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent-Name 'D'ALESSIO, THOMAS. Street Address (P.O. Box Number is Not Acceptable) 4839 S.W. 148TH AVE., STE 321 DAVIE FL 33330 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition D'ALESSIO, THOMAS NAME NAME STREET ADDRESS 4839 S.W. 148TH AVE., STE. 321 STREET ADDRESS CITY-ST-7IP DAVIE FL 33330 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME D'ALESSIO, DOMINIC NAME STREET ADDRESS 4839 SW 148TH AVE. #321 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33330 TITLE . 🔲 . Delete TITLE Change Addition D'ALESSIO, THOMAS V. NAME NAME STREET ADDRESS STREET ADDRESS (4839 SW 148TH AVE #321 CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 33330 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation or the receiver or trustee exponents and the corporation or the receiver or trustee exponents and the corporation or the receiver or trustee exponents and the corporation or the receiver or trustee exponents and the corporation or the receiver or trustee exponents are corporated by the corporation or the recei of the corporation or the receiver changed, or on an attachment wit

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SIGNATURE:

CITY-ST-ZIP

D'Alessio



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July 21, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500-

Re: T&D NURSERY & LANDSCAPING INC. #p01000027525 UBR REPORT 2003

Dear Sir/Madam:

Not until the receipt of the enclosed SECOND NOTICE had our client realized that the FIRST NOTICE was never received.

Kindly accept the enclosed executed UBR REPORT as filed along with their payment of \$150.00.

Thank you for your kind understanding of this circumstance.

Most sincerely,

John A. Kasbar

JAK:jmk

Encls

Cc: T&D NURSERY & LANDSCAPING INC.

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John A. Kasbar & Company Accountants • Financial Planners

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