2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028097

1. Entity Name

LANDSCAPE ILLUMINATION INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-10-2002 90026 020 ***150.00

Principal Place of Business

315 WGTO TOWER RD
POLK CITY FL 33868

Mailing Address

315 WGTO TOWER RD
POLK CITY FL 33868

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3707196 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, BENJAMIN
315 WGTO TOWER RD
POLK CITY FL 33868

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.

SIGNATURE ______________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Benjamin Webb 315 WGTO Tower Rd. Polk City, Fl. 33868 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

CR2E034 (9/01)

37268

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 6, 2002

LANDSCAPE ILLUMINATION INC.
315 WGTO TOWER RD
POLK CITY, FL 33868

Subject: **LANDSCAPE ILLUMINATION INC.**

Reference Number: **P01000028097**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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

/AA
ANNUAL REPORTS SECTION