## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000029010 DOCUMENT#

FILED Sep 03, 2002 8:00 am Secretary of State

Change

Addition

SANTA F		VN & LANDSCAPE,	INC.					08-21-2002	90083 013	330.00	,
Principal Place of Business 2369 MARY ANNE CIR NAVARRE FL 32566			Mailing Address 2369 MARY ANNE CIR NAVARRE FL 32566								
			,						145		<b></b>
2. Principal Place of Business			3. Malling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 1	FEI Number 90	-00420	92 -	pplied For lot Applicable	7
·Zip	Country		Zip Co		untry		. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					l	7. 1	Name and Addres	s of New Register			-
	ر المنتقد د	e en la la carte			Name			<u>موار سويون</u>		-	
LYNCHARD, R. LANE 1811 ALHAMBRA ST					Street Address (P.O. Box Number is Not Acceptable)						1
NAVARRE FL 32566							<del>-</del>	<del></del>			1
					City FL Zip Code						]
8. The above the obligation	e named entity tions of regist	y submits this statement for U ered agent.	he purpose of changing its	egister	ed office o	r registered ag	ent, or both, in the	State of Florida. I	am familiar with	, and accept	7
SIGNATURE		or printed name of registered agent and	title if applicable. (NOTE	Registere	d Agent signa	nedw benipen eur	pinstatling)	DA.	TE		
This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.			FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$75			.00	<u> </u>	impaign Financing		00 May Be	1
(See criteria on back)			Make Check Payabl	ree will d epartmen	Touch Contribution						
11. OFFICERS AND DIRECTORS					•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					-{
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition	ଷ୍ଟ
NAME ATTRET ADDRESS		USE, RICHARD E		NAM			•				4 (4
STREET ADDRESS 2369 MARY ANNE CIR CITY-ST-ZIP NAVARRE FL 32566					ET ADDRESS - St-ZIP						CR2E034 (4/02)
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CITY-ST-ZIP					ST-ZIP						
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CITY-ST-ZIP				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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

950-939-5873

Attachmedt 870684 # P01000029010

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201 DATE OF THIS NOTICE: 08-20-2002 NUMBER OF THIS NOTICE: CP 576 A ENPLOYER IDENTIFICATION NUMBER: 90-0042092 FORM: 1120 0423924140 B

> FOR ASSISTANCE CALL US AT: 1-800-829-1040

> > OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 1120

SANTA ROSA LAWN & LANDSCAPE INC 2369 MARY ANNE CIR NAVARRE FL 32566

for tax period 122001, we found that your