


FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P01000031249</u>	
1. Entity Name ALL GREEN LANDSCAPING, INC.	

DO NOT WRITE IN THIS SPACE <u>8316 43rd Ave W</u> <u>8316 43rd Ave W</u>	
2. Principal Place of Business <u>8316 43RD AVE W</u>	3. Mailing Address <u>8316 43RD AVE W</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34209	Country MANATEE

10016128

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1102011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name ANDREW MALLOY	
Street Address (P.O. Box Number is Not Acceptable) 8316 43RD AVE W	
City BRADENTON	FL Zip Code 34209

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 state if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER ANDREW MALLOY 8316 43RD AVE W BRADENTON, FL 34209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew P MALLOY

1-27-03

DATE

941 792 8525

DAYTIME PHONE #

CR2E034B (12/02)