

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000035604

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: GALT'S LAWN AND LANDSCAPING, INC.

Current Principal Place of Business:

16608 SAPHIRE MANOR
WESTON, FL 33331

New Principal Place of Business:

16608 SAPHIRE MANOR
WESTON, FL 33331 US

Current Mailing Address:

16608 SAPHIRE MANOR
WESTON, FL 33331

New Mailing Address:

16608 SAPHIRE MANOR
WESTON, FL 33331 US

FEI Number: 65-1095704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERCHAY, ALLAN
5300 N W 33RD AVENUE
SUITE 117
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALT, KEVIN
Address: 16608 SAPHIRE MANOR
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GALT, KEVIN M
Address: 16608 SAPHIRE MANOR
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN M. GALT

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date