

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-25-2002 90181 028 ***150.00

DOCUMENT # P01000036086

1. Entity Name

SHOWCASE LANDSCAPING, INC.

Principal Place of Business

**20520 CHARING CROSS CIR.
ESTERO FL 33928**

Mailing Address

**20520 CHARING CROSS CIR.
ESTERO FL 33928**

2. Principal Place of Business

3. Mailing Address

P.O. Box 917#

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ESTERO, FL.

4. FEI Number

65-1094997

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33928

LEE Co.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, JEFFREY S

20520 CHARING CROSS CIR.

ESTERO FL 33928

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
**D
PETERS, JEFFREY S
20520 CHARING CROSS CIR.
ESTERO FL 33928** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/02 (94)992-2062
Date Daytime Phone #

CR2E034 (9/01)