

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-04-2003 90111 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55028940



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000049768					
1. Entity Name LEO'S COMPLETE GROUND MAINTENANCE OF FLORIDA, INC.					
Principal Place of Business 1689 WESTCOTT STREET SE PALM BAY, FL 32909		Mailing Address 1689 WESTCOTT STREET SE PALM BAY, FL 32909			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1102481	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIDAY, HEATHER 1689 WESTCOTT STREET SE PALM BAY, FL 32909				7. Name and Address of New Registered Agent Name Leo Holliday Street Address (P.O. Box Number is Not Acceptable) 1689 Westcott St. SE City Palm Bay FL Zip Code 32909	
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 <i>Heather Holliday</i> Heather Holliday Secretary 4-1-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE					
FILE NOW WITH FEE IS \$160.00 After 1/29/2003 Fee will be \$250.00 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOLLIDAY, HEATHER 1689 WESTCOTT STREET SE PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Holliday, Leo 1689 Westcott St. SE Palm Bay, FL 32909	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS HOLLIDAY, HEATHER 1689 WESTCOTT ST. SE. PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLIDAY, EURY 1689 WESTCOTT ST. SE PALM BAY, FL 32909	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Heather Holliday</i> Heather Holliday-Secretary 4/1/03 321-723-4322 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Leo Holliday **Leo Holliday-President 4-17-03-same**

CFR2034 (10/02)