## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State P01000052500 **DOCUMENT #** 04-29-2002 90214 029 \*\*\*150.00 1. Entity Name VOLUSIA LANDSCAPING SERVICES, INC. Principal Place of Business Mailing Address 1107 KANE DR 1107 KANE DR PORT ORANGE FL 32119 PORT ORANGE FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For C 5 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANTIGUA, REYES Street Address (P.O. Box Number is Not Acceptable) 1107 KANE DR PORT ORANGE FL 32119 City 81-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. HALL KARE DE REAL WEST SIGNATURE Signature, typed or printed name of registered agent and title if applicable. -(NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 --\$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State . 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) m s Change LANTIGUA, REYES NAME NAME 1107 KANE DR STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delste TITLE ☐ Change ☐ Addition ECHAVARRIA, IVAN M NAME NAME 1107 KANE DR STREET ADDRESS STREET, ADDRESS PORT ORANGE FL 32119 CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition IALS: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Celete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIELE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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

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