FILED

2003 FOR PROFIT CORPORATION

changed, or on an attachmen

SIGNATURE:

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P01000056205 DOCUMENT # 1. Entity Name 01-23-2003 90145 010 ***150.00 LANDSCAPE & IRRIGATION SERVICES, INC. Principal Place of Business Mailing Address 930 SW BALMORAL TRACE 930 SW BALMORAL TRACE STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address 848 Galbenia DRIVE PO Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1113443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAAS, CARL Street Address (P.O. Box Number is Not Acceptable) 930 SW BALMORAL TRACE STUART FL 24897 8. The above named entit gistered agent, or both, in the State of Florida. ment for the purpose of changing its register I am familiar with, and accept the obligations of re-**SIGNATURE** (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) Change ☐ Addition TITLE Delete TITLE HAAS, CARL NAME NAME 848 Galdenia Dlive 930 SW BALMORAL TRACE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE HERNANDEZ, ROSA NAME NAME 930-SW BALMORAL-TRACE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supply d with this filing wes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplem of the corporation or the receiver