

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91652 035 ***150.00

DOCUMENT # P01000060819

1. Entity Name

AAA RITEWAY LAWN & LANDSCAPE SERVICES, INC.

Principal Place of Business

Mailing Address

**1880-D DR. ANDRE'S WAY
 DELRAY BEACH FL 33445**

**1880-D DR. ANDRE'S WAY
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

**5094 WOODLAND DR.
 Suite, Apt. #, etc.**

**P.O. BOX 6897
 Suite, Apt. #, etc.**

City & State

City & State

DELRAY BCH., FL

DELRAY BCH., FL

Zip Country

Zip Country

33484 PALM BEACH

33482 PALM BEACH

4. FEI Number

65-1124003

Applied For

Not Applicable

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

**EASTHAM, JOHN K JR
 138 WEST PALMETTO PARK ROAD
 BOCA RATON FL 33432**

Name
DAN ROTUNDO

Street Address (P.O. Box Number is Not Acceptable)
5094 WOODLAND DR.

City
DELRAY BCH., FL 33484

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 *Dan Rotundo*

VICE PRESIDENT

4/14/02

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	SHARON ROTUNDO <input type="checkbox"/> Delete PRESIDENT 5094 WOODLAND DR. DELRAY BCH., FL. 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN ROTUNDO <input type="checkbox"/> Delete VICE PRESIDENT 5094 WOODLAND DR. DELRAY BCH., FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Dan Rotundo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)