

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91188 002 ***150.00

DOCUMENT # P01000061549

1. Entity Name
ATLANTIC HORTICULTURAL SERVICES, INC.



Principal Place of Business
10117 WEST OAKLAND PARK BLVD STE 315
SUNRISE FL 33351

Mailing Address
10117 WEST OAKLAND PARK BLVD STE 315
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1113865

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

LACALAMITA, JOSEPH
1531 N.W. 124TH TERRACE #14205
SUNRISE FL 33323

Name

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

3744 PEBBLE BROOK MANOR

City

COCONUT CREEK FL

Zip Code

33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LACALAMITA, JOSEPH
STREET ADDRESS 1531 N.W. 124 TERR # 14205
CITY-ST-ZIP SUNRISE FL 33323

☒ Change ☐ Addition
TITLE
NAME 3744 PEBBLE BROOK MANOR
STREET ADDRESS COCONUT CREEK, FL 33073
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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

Joseph L. Lacalamita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 17/2003

Daytime Phone #

65-1113865

CR2E034 (10/02)