

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90102 026 ***150.00

DOCUMENT # P01000075835 ✓
1. Entity Name BONZAI LANDSCAPING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2241 ARBOUR WALK CIRCLE

Suite, Apt. #, etc.

#626

City & State

NAPLES, FLORIDA

Zip

34109

Country

U.S.A

3. Mailing Address

2241 ARBOUR WALK CIRCLE

Suite, Apt. #, etc.

#626

City & State

NAPLES, FLORIDA

Zip

34109

Country

U.S.A

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4. FEI Number

#59-3740830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MR. CASEY WOLFF, ESQ

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

C/O PAULICH, SLACK & WOLFF, P.A.

801 ANCHOR ROBE DRIVE, SUITE 203

City

NAPLES

FL

Zip Code

34103

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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

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

CASEY WOLFF

(NOTE: Registered Agent signature required when reinstating)

3/4/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT/DIRECTOR
NAME GIUSEPPE POLISENA
STREET ADDRESS 2241 ARBOUR WALK CIRCLE, #626
CITY-ST-ZIP NAPLES, FLORIDA 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE SECRETARY/TREASURER/DIRECTOR
NAME DIANE DAGENAIS
STREET ADDRESS 2241 ARBOUR WALK CIRCLE, #626
CITY-ST-ZIP NAPLES, FLORIDA 34109

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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giuseppe Polisena

04/10/02

Date

(941) 593-6414

Daytime Phone #

CR2E034B (12/01)