2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000075835

1. Entity Name

BONZAII LANDSCAPING, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90069 039 ***158.75

				(S.)	7			
2241 ARBOUR WALK CIRCLE 2241 AR #626 #626			g Address ARBOUR WALK CIRCLE ES FL 34109					
2. Principal Place of Business 1205 RESELVE WAY 1205 RESELVE WAY					 	14 02 111 03 1114 09 114 09 114 1 9 1	/DI \$11701 HELEK	H1101, 01111 10111
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. # 306			CHECK	HERE IF MAKING	CHANGES	
NAPLES, FLORENSA		City & State FLORIDA			4. FEI Number 59-3740830 Applied For Not Applicable			
Zip 34105	Country 4-5-A	3410S	Coun U.S	try A	5. Certificate of Status D		8.75 Add ee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address o	f New Registered Ag	jent	
WOLEE (040EV 500	<u> </u>		Name				
WOLFF, CASEY ESQ C/O PAULICH, SLACK & WOLFF, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
801 ANCHOR RODE DRIVE STE 203						<u></u>		
NAPLES FL 34103				City	**	FL	Zip Code	e
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 age	nt and little if applicable.	(NOTE: Registered	d Agent signature requir	red when reinstating)	DATE	_	<u> </u>
- Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department		9. Election Camp Trust Fund Co	·		May Be I to Fees		
10.	OFFICERS AN		11.		ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS	3 IN 11
TITLE	PD	☐ Deld		P			Change	☐ Addition
NAME	POLISENA, GIUSEPPE	***	NAME		LISONA GIUS	EPPE Jau #30	V _	{ }
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NAME	!		NAME	ı				1

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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP