

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90142 029 ***150.00

DOCUMENT # P01000094615

1. Entity Name
DUPERVIL LANDSCAPING SERVICES, INC.



Principal Place of Business
**1650 N.W. 1ST AVE
POMPAÑO BEACH FL 33060**

Mailing Address
**1650 N.W. 1ST AVE
POMPAÑO BEACH FL 33060**



2. Principal Place of Business
1650 N.W. 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
1650 N.W. 1st Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL
Zip
33060

Country
United States

City & State
Pompano Beach, FL
Zip
33060

Country
United States

4. FEI Number **65-1151320**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZETRENNE, DUPERVIL
1650 N.W. 1ST AVE
POMPAÑO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
Zetrenne Dupervil

Street Address (P.O. Box Number is Not Acceptable)
1650 N.W. 1st Ave

City
Pompano Beach, FL Zip Code
33060

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 **Dupervil Zetrenne**

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

150.00

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
ZETRENNE, DUPERVIL
STREET ADDRESS
1650 N.W. 1ST AVE
CITY-ST-ZIP
POMPAÑO BEACH FL 33060

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: DUPERVIL ZETRENNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

Daytime Phone #

CR2E034 (10/02)