

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90319 028 \*\*\*150.00

**DOCUMENT # P01000096112**

**1. Entity Name**  
**TRADE WINDS LAWNSCAPE, INC.**



**Principal Place of Business**  
**7893 CAMERON CIRCLE**  
**FT. MYERS FL 33912**

**Mailing Address**  
**7893 CAMERON CIRCLE**  
**FT. MYERS FL 33912**

**2. Principal Place of Business**

*7893 Cameron Circle*

**3. Mailing Address**

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

*Fl. Myers Fl.*

**City & State**

**Zip**

*33912*

**Country**

*USA*

**Zip**

**Country**

**4. FEI Number** **65-1139784**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HASKELL, AMANDA M**  
**7893 CAMERON CIRCLE**  
**FT. MYERS, FL 33912**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HASKELL, LAURA M</b>	
<b>STREET ADDRESS</b>	<b>7893 CAMERON CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33912</b>	
<b>TITLE</b>	<b>TS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HASKELL, AMANDA</b>	
<b>STREET ADDRESS</b>	<b>7893 CAMERON CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>FORT MYERS FL 33912</b>	
<b>TITLE</b>	<b>MGR</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WHITMAN, H. PRICE</b>	
<b>STREET ADDRESS</b>	<b>6341 EMERALD BAY COURT</b>	
<b>CITY-ST-ZIP</b>	<b>FORT MYERS FL 33908</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *Laura Haskell* **Laura Haskell, President** *3/24/03* *239-225-7252*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)