2003

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

FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P01000110067 1. Entity Name					05-01-2003 90826 008 ***150.00		
American Mulch Products, Inc.							
	DO NOT WRITE	IN THIS SF	PACE				
Principal Place of Business 3. Mailing Address			<u> </u>				
			31438				
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State Ormand To	Beach, Fl		Number 9-37.5-7294	Applied For Not Applicable	
Zip	Country	32/73	Volusia	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required	
		02//3	voiasia.	7. Nan	ne and Address of Current Registered		
		1	Name 7	2.1	of a minitari		
13/3 N1/31 \/\/L311 L					(P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE					
· .			189	12 mg	IRTRE TO DK.		
N		- I	City (1)	RMORE	1 Beh FL	Zin Code - 32/74/	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or r	registered age	nt, or both, in the State of Florida. I am I	amiliar with, and accept	
* .	71.100-	·// . D. 1	1000	/ -		Inc. las	
SIGNATURE .	Signature, typed or printed name of registered agent a	UU KICKE and title if applicable. (NOTE	YCL 11. ZJVII : Registered Agent signature	7517) e required when roir	retating) DARE	<u> 29/03 </u>	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	Chair			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	Payable to Florida Department of OFFICERS AND I	"1	7 180 1		<u> </u>		
TITLE D	min tore 13 Odd 1			•			
	ZIVISHI KICHAVA A.		TITLE -	·			
NAME STREET ADORESS	1892 Myr The Jo Drive	21	NAME		enst .		
NAME STREET ADDRESS CITY-ST-ZIP	ZIVIEKI Richard A. 1892 myr The To Drive Ormand Beach Fl		3 N 20 1	- 1. ₃	onst .	2000	
STREET ADDRESS	ormand Beach, Fl.		NAME STREET ADDRESS	***	enst the second	CONTRACTOR (ACCOUNTS)	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ons!	COURT GROUP	
STREET ADDRESS CITY-ST-ZIP TITLE	ormand Beach, Fl.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE		emst	CONTRACTOR OF THE CONTRACTOR O	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		enst to the second seco	COURT BROAD	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		enst H	CONTRACTOR OF CO	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WRI	TE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME THE TADDRESS TOTY-ST-ZIP TITLE		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TIREET ADDRESS CITY-ST-ZIP TITLE NAME	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRI		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME THE TADDRESS TOTY-ST-ZIP TITLE		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		`		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ormand Beach, Fl. Deelon, Charles w.	32174	NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		`		

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 eath; 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 on an attachment with an address, with all other like empowered.