

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90413 028 ***150.00

DOCUMENT # P02000039143

1. Entity Name
D AND W LANDSCAPING GROUP, INC.



Principal Place of Business
**2488 S.E. DORSO WAY
DELRAY BEACH FL 33445-2419**

Mailing Address
**2488 S.E. DORSO WAY
DELRAY BEACH FL 33445-2419**

55039438



2. Principal Place of Business

**2488 DelRay Beach
Suite, Apt. #, etc.
2488 Dorsos Way
City & State
DelRay Florida
Zip
33445**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

FL ALM BCH

Country

☐ CHECK HERE IF MAKING CHANGES

FEI Number

EIN 82-0547117

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$3.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PROCHETTE, DELICES
2488 S.E. DORSO WAY
DELRAY BEACH FL 33445-2419**

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TURIN, WILNER**
STREET ADDRESS **2101 S.W. 12TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33446-6208**

TITLE **D** ☐ Delete
NAME **PROCHETTE, DELICES**
STREET ADDRESS **2488 S.E. DORSO WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33445-2419**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

DELIC PROCHETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-03 Daytime Phone: **561-502-0545**

CR2034 (10/02)