

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90245 032 ***150.00

DOCUMENT # P02000040945

1. Entity Name

CROSBY & KNOWLES LANDSCAPING, INC.



Principal Place of Business
**5341 SW 23RD ST.
HOLLYWOOD FL 33023**

Mailing Address
**5341 SW 23RD ST.
HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

6003 N.W. 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

-Country-

33309 Broward

4. FEI Number

82-0563548

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROSBY, BARBARA J
5341 SW 23RD STREET
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **MARLON KNOWLES**

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

5341 S.W. 23rd St

City **Hollywood**

FL

Zip Code

33023

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 **Marlon Knowles**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
NAME **CROSBY, BARBARA J**
STREET ADDRESS **5341 SW 23RD ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

☐ Delete

TITLE **PSD**
NAME **KNOWLES, MARLON**
STREET ADDRESS **5341 S.W. 23rd St**
CITY-ST-ZIP **Hollywood, FLA 33023**

☒ Change ☐ Addition

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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: **Marlon Knowles**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/02)