

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90364 003 ***150.00

DOCUMENT # P02000049833

1. Entity Name
AFAB LANDSCAPING INC



Principal Place of Business
3112 HIGHWAY 83 N
DEFUNIAK SPRINGS FL 32433

Mailing Address
3112 HIGHWAY 83 N
DEFUNIAK SPRINGS FL 32433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0448945

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MASON, JULIE
3112 HIGHWAY 83 N
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

GARY L. MASON

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

3112 Hwy 83 N.

City

DeFuniak Springs FL 32433 FL

Zip Code
32433

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 **GARY L. MASON, Director**

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

GARY L. MASON Director

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GARY L. MASON**
CITY-ST-ZIP **3112 Hwy 83 N.**
DEFUNIAK Springs FL 32433

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

GARY L. MASON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. MASON **4-28-03** **850-259-5146**
DATE DAYTIME PHONE #

CP2E034 (10/02)