2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)							04-28-2003 91429 020 ***150.00												
DOCUMENT # P02000049894 1. Entity Name AMERICA'S BEST LANDSCAPING & LAWN MAINTAINCE, INC																			
Principal Plac	ce of Business	Mailing Address				Ì	.s												
	RIVERSIDE DR 657 NW RIVERSIDE DR						n-	_											
	T LUCIE, FL 34983 PORT ST LUCIE, FL 34983				[•	•											
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									BIII 81818 18181 181										
2. Principal Place of Business DAN ST 3. Mailing Address 2902 SANABAR ST																			
 Suite, Apt. 	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES													
City & Stat	t Lucie, F1 34953	City & State PORT ST	Luci	io P	1	4. FEI N	lumber - 20396	 13	—	Applied For Not Applicable									
Zip .	- N					5. Certificate of Status Desired S8.75 Additional Fee Required													
6, Name and Address of Current Registered Agent						7Name and Address of New Registered Agent													
Name -																			
MULLINS, JEFFREY						000	Lumb out - 64 : 2	- man br 1 - 3											
Street Address PORT ST LUCIE, FL 34993						(P.O. Box Number is Not Acceptable)													
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·	•			City /2	ORT	らナ	Lucie		FL Zip Si	Ge 933									
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 obligat	tions of registered agent.																		
	•																		
SIGNATURE	Signature, typed or printed name of registered agent a	nd tide if applicable. (NOT	E: Regis pre	d Agentsignati	um maquired	when minsuit	ny)		PATE										
Afte	FILE NOW!!! FEE IS \$150,00 r May 1, 2003 Fee will be \$550,00 k Payable to Florida Department o	f State		· · · i		1	Election Campa Trust Fund Cont			00 May Be ed to Fees									
10.	OFFICERS AND I	DIRECTORS	11.			ADDITI	ONS/CHANGES T	O OFFICERS	AND DIRECTO	RS IN 11									
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12 I hereby (certify that the information supplied with	this filing does not qualify fo	the ave	mntion stat	led in Sec	ction 119 C	7(3)(i) Florida Stat	tutes 1 furthe	er certify that the	information									
Indicated	on this report or supplemental report is	true and accurate and that r	ny signal	ure shall h	ave the sa	ame legal	effect as if made u	nder oath; ti	nat I am an office	r or director									
Indicated on this report or supplemental earn 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 of the second 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 earlier second 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 earlier second 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 all other like empowered.																			
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