

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90976 040 ***150.00

DOCUMENT # P02000056535

1. Entity Name

Greenleaf Landscaping, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18235 Clear Lake Dr.

Suite, Apt. #, etc.

3. Mailing Address
18235 Clear Lake Dr.

Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
33-1004872

Applied For
Not Applicable

Zip
33548

Country
Hillsborough

Zip
33548

Country
Hillsborough

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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70035211

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kittredge, William G II

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

18235 Clear Lake Dr.

City
Lutz

FL **Zip Code**
33548

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE P, T, D
NAME Kittredge, William G II
STREET ADDRESS 18235 Clear Lake Dr.
CITY-ST-ZIP Lutz, FL 33548

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IN THIS SPACE**

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

SIGNATURE:

William G. Kittredge 4/02/03 (813) 909-2049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)