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

DOCUMENT # P02000056535

1. Entity Name



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

04-07-2003 90976 040 \*\*\*150.00

DO NOT WRITE IN THIS SPACE  2. Among Place of Business 182.35 Clear Lake Dr. 182.35 Clear Lake Dr.  Sute April 4. El Symptomy 182.35 Clear Lake Dr.  County 335.48 County	Greenl	eaf Landscaping, Inc								
18235 Clear Lake Dr.    Suite Apt N. dec.   DONOT WRITE   DONOT WRITE IN THIS SPACE   Lutz, FL   Lutz, FL   Lutz, FL   Suite Apt N. dec.   DONOT WRITE IN THIS SPACE   Applicable   No. Applicabl		DO NOT WRITE	IN THIS S	SPAC		-	700	35211		
Sules, Apt. #, Otc.    Cov. #, Sales	2. Principal Place of Business					1				
City & State Lutz, FL  County 3354B  County Hillsborough  County Hollsborough  County Hillsborough  County Hillsborough  County Hillsborough  County Hollsborough  County Hollsbo	18235 Clear Lake Dr.					. `				
Country   33548   Cauntry   33548   Country   Statistical   Statis	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			D	O NOT WRITI	E IN THIS SPA	CE	
Pee Required   Pee			City & State Lutz, FL			4. FEI Number 33–1004872 Applied For Not Applicable				
DO NOT WRITE  IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)			•			5. Certificate of Statu	ıs Desired			
IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  IB 235 Clear Lake Dr.  City Luz FL Zip Code 335348  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forlda. I am fam law with, and accept the debigations of registered agent.  SIGNATURE  January 3: May 1 Fee is 3150.00  Anter May 1, Fee is 3550.00  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  Anter May 1, Fee is 350.00  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  Anter May 1, Fee is 350.00  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  Anter May 1, Fee is 350.00  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  B. Election Campaign Financing Thus Fund Controlution  B. S. 50.00 May 26  B. S. 50.00 May 26  B. S. 50.00 May 26  B. S.									gent	
IN THIS SPACE  18235 Clear Lake Dr.  City Litz FL Zip Code 33548  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of Florida. I am familiar with, and accept the deligation of Florida. I am familiar with, and accept the deligation of Florida. I am familiar with, and accept the deligation of Florida	DO NOT WOITE				Name Kittredge, William G II					
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. Lam familiar with, and accept the debligations of registered agent.  Signature, 10 May 10 Fee; 13, 315 0.00  Anended UBR 19: \$50.00  Amended	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, I am farmflar with, and accept the ebligations of registered agent.  SIGNATURE    Signatura   Confered   State   Sta	IN THIS SPACE			1823!		35 Clear Lake	e Dr.		-	1
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, am familiar with, and accept the 6bligations of registered agent.    Signature	Chief (St. Priggs 4.15)		City		City Lutz			FL		1
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Supurate in prod or or ned name of regreemed agent and life if applicable.   (NOTE Registeric Agent signature whom regretating)   DATE	the ebligati	ions of registered agent.								
Section Campaign Financing   South State   Section Campaign Financing   Section Campaign Fi	SIGNATURE .	<u> </u>		HOTE B						
After May 1, Fee is \$55,00 May Be Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  P, T, D  MAME  Kittredge, William G II  STREEL ADDRESS  CITY-SI-ZP  TITLE  NAME  STREEL ADDRESS  CITY-SI-ZP			nd title if applicable.	NOTE: Hegislered	Agent signature required	when reinstating)		DATE		1
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  INLE* NAME P.T.D NAME SIPERIADDRESS CITY-SI-2P Lutz, FL 33548 CITY-SI-2P ITHE NAME SIRET ADDRESS CITY-SI-2P ITH	After May 1, Fee is \$550.00							~ —		
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Interest 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: